

# Building Permit Application

Approved

**ELECTRONIC SUBMITTAL**  
SEE 1:/BLDG DIV WG-8...



Development Department  
Building Division  
1000 NE Oregon Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 6/25/2019 Permit No.: B2019-2735

Date Issued: By:

CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15570 SW Jenkins Rd.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: OIA Global Phase 2
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove portions of the fire sprinkler system and install new system for storage upgrade.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: OIA Global	
Address: 15570 SW Jenkins Rd.	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 415-3527	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: AFP Systems, Inc.	
Contact name: Breanna Ripple	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax:
E-mail: breanna@afpsys.com	
CONTRACTOR	
Business name: AFP Systems, Inc.	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax:
CCB No.: 67534	

Authorized signature:

Print name: Breanna Ripple Date: 06/24/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$87,500.00
Existing building area:	square feet 25,742
New building area:	square feet 25,742
Number of stories:	1
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	7.31.19	Permit No:	3209-3204
Date Issued:		By:	deu
		Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14862-14892 SW. Connor Circle Build. to suite	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Connor Commons
Cross street/directions to job site: 150th across from Nike	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Reroof one layer tear-off install Certainted underlayment and shingle	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Connor Commons HOA	
Contact name: Julia Pommert	
Address: 16055 SW Walker Road # 234	
City/State/ZIP: Beaverton OR 97006	
Phone: 541-556-3483	Fax:
E-mail: cchoassec@yahoo.com	
CONTRACTOR	
Business name: Clearwater Construction Inc.	
Address: 22307 SE Sharon Drive	
City/State/ZIP: Damascus OR 97089	
Phone: 503-789-0592	Fax:
CCB lic.: 189186	
Authorized signature: Jed Jensen	
Print name: Jed Jensen	Date: 7/30/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Existing building area: 6000 sq. ft.

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	7.31.19	Permit No.	52019-3205
Date Issued:		By:	clm
		Payment Type:	

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |  |
|---|--|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial   |
| <input type="checkbox"/> Accessory building       | <input checked="" type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                  |

### JOB SITE INFORMATION AND LOCATION

Job site address: 430-460 SW 148th Terrace Building 8 Unit

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.:

Project name: Concor Commons

Cross street/directions to job site:

SW Concor Circle off 130th across from Nike

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Re-roof one layer tear off, install CertainTeed underlayment and shingles

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name: Concor Commons HOA

Contact name: Julia Pommert

Address: 16055 SW Walker Rd, #234

City/State/ZIP: Beaverton OR 97006

Phone: 541-556-3483

Fax:

E-mail: cchoa.ssec@yahoo.com

### CONTRACTOR

Business name: Clearwater Construction, Inc.

Address: 22307 SE Sharon Drive

City/State/ZIP: Damascus OR 97089

Phone: 503-789-0592

Fax:

CCB lic.: 189186

Authorized signature:

Jed Jensen

Print name:

Jed Jensen

Date:

7/30/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: 4000 sq ft square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 7/31/19	Permit No.: B2019-3262
Date Issued:	By: crew
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 435-465 SW 149th Terrace, Building 11	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Conor Commons
Cross street/directions to job site: Off of Conor Circle, off 150th across from Nike	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-roof, one layer tear-off install Cortaured Underlayment and shingles	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Conor Commons HOA	
Contact name: Julia Pommersht	
Address: 16055 SW Walker Rd, #234	
City/State/ZIP: Beaverton OR 97006	
Phone: 541-556-3483	Fax:
E-mail: cchoa.ssec@yahoo.com	
CONTRACTOR	
Business name: Clearwater Construction Inc.	
Address: 22307 SE Sharon Drive	
City/State/ZIP: Damascus OR 97089	
Phone: 503-789-0592	Fax:
CCB lic.: 189186	
Authorized signature: Ted Jensen	
Print name: Ted Jensen	Date: 7/30/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$14,500.00

Existing building area: 4000sq ft square feet

New building area: square feet

Number of stories: 2

Type of construction: roofing

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7.31.19	Permit No: 3204-3203
Date Issued:	By: CLEM
	Payment Type:

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |  |
|---|--|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial   |
| <input type="checkbox"/> Accessory building       | <input checked="" type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                  |

### JOB SITE INFORMATION AND LOCATION

Job site address: 470-14856 SW Corner Circle Building #7 Units  
City/State/ZIP: Beaverton OR, 97006  
Suite/bldg./apt. no.:  
Project name: Corner Commons

Cross street/directions to job site:  
150th across from Nike

Subdivision:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Reroof, one layer tear-off install CertainTeed underlayment and shingles

☐ PROPERTY OWNER

☐ TENANT

Name:  
Address:  
City/State/ZIP:  
Phone:  
E-mail:

Fax:

☐ APPLICANT

☐ CONTACT PERSON

Business name: Corner Commons HOA  
Contact name: Julia Pommert  
Address: 16055 SW Walker Rd, # 234  
City/State/ZIP: Beaverton OR 97006  
Phone: 541-556-3483  
E-mail: cchoa55ec@yahoo.com

### CONTRACTOR

Business name: Clearwater Construction, Inc.  
Address: 22307 SE Sharon Drive  
City/State/ZIP: Damascus OR 97089  
Phone: 503-789-0592  
CCB lic.: 189186

Authorized signature:

Print name:

Date:

Jed Jensen

7/30/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: 4000 sq ft

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



## Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4756  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

### OFFICE USE ONLY

Date Received: 7.30.19	Permit No.: 182019-3257
Date Issued: 7.30.19	By: CLEM
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15220 NW Greenbrier PKWY	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 245	Project name: Hawkridge Systems
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Hawkridge Systems	
Address: 15220 NW Greenbrier PKWY Suite 245	
City/State/ZIP: Beaverton, OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

Authorized signature:

Print name:	Date:
Ben Breit	07/30/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$675
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 07/22/2019	Permit No.: B2019-3126
Date Issued: 7/30/19	By: Cleary
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14855 SW Village Ln	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Adams 32818
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 3 Helical Piers	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bridget Adams	
Address: 14855 SW Village Ln	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 459-3235	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5235	Fax:
CCB lic.: 173547	
Authorized signature: <i>Eronquillo</i>	Date:
Print name: ELENITA RONQUILLO	07/19/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$6,727.00
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$339.10
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED CITY OF BEAVERTON OFFICE USE ONLY	
Date Received:	Permit No.: <b>B2019-1169</b>
Date Issued: <b>MAR 22 2019</b>	By: <i>[Signature]</i>
Payment Type:	

## BUILDING SERVICES DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>9750 SW 171st Ave</b>	
City/State/ZIP: <b>Beaverton, OR</b>	
Suite/bldg./apt. no.:	Project name: <b>Kemmer Summit</b>
Cross street/directions to job site:	
Subdivision:	Lot no.: <b>20</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NSFR - 3729 BL - TC - Deck</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>DR Horton, Inc</b>	
Address: <b>4380 SW Macadam Ave Suite 200</b>	
City/State/ZIP: <b>Portland, OR 97239</b>	
Phone: <b>(503) 222-4151</b>	Fax:
E-mail: <b>plancheck@drhorton.com</b>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>DR Horton, Inc</b>	
Contact name: <b>Amanda Loveridge</b>	
Address: <b>SAME AS ABOVE</b>	
City/State/ZIP:	
Phone:	Fax:
E-mail: <b>plancheck@drhorton.com</b>	
CONTRACTOR	
Business name: <b>DR Horton, Inc</b>	
Address: <b>SAME AS ABOVE</b>	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <b>130859</b>	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation ~~344,880~~ **\$315,769.33**

Number of bedrooms: **5**

Number of bathrooms: **3**

Total number of floors: **2**

New dwelling area: **2506** square feet

Garage/carport area: **368** square feet

Covered porch area: **62** square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application **\$1,328.47**

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV

Authorized signature:

Print name:

Amanda Loveridge

Date:

4/27/18

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

Permit Application

Duplicate plan, 2479A Magnolia American, as  
Lot 132 (B2018-6054) both Garage Right



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 06/12/2019	Permit No.: B2019-2532
Date Issued: 7/29/19	By: <i>clm</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17227 SW Kite Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn Hts	Lot no.: 113
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc	
Contact name: Maggie Sturm	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7894	Fax:
E-mail: maggie.sturm@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
CCB lic.: 195307	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$322,375.25 \$328,305.31
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2479 square feet
Garage/carport area:	429 square feet
Covered porch area:	182 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	\$684.17
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>Maggie Sturm</i>	Date:
Print name: Maggie Sturm	05/28/19

# ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

## Permit Application

Duplicate Plan as Lot 155  
B2018-3990 Willow Am 2336A



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 06/07/2019	Permit No.: B2019-2457
Date Issued: 7.29.19	By: CLEM
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17232 SW Harrier Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn Hts	Lot no.: 126
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc	
Contact name: Maggie Sturm	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7894	Fax:
E-mail: maggie.sturm@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
CCB lic.: 195307	

Authorized  
signature:

Print name:	Date:
Maggie Sturm	05/28/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$299,958.80
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2322 square feet
Garage/carport area:	439 square feet
Covered porch area:	122 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
3000 SW 1st Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 05/28/2019	Permit No.: B2019-2258
Date Issued: 7-29-19	By: <i>crem</i>
CITY OF BEAVERTON	
Payment Type:	

## BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9918 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 10
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB No.: # 154184	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$303,928.31
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2265
Garage/carport area:	square feet 467.4
Covered porch area:	square feet 80
Deck area:	square feet 100
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,291.68
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>Chad E Davis</i>	Date:
Print name: Chad E Davis	



# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
10000 SW Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

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## OFFICE USE ONLY

Date Received: 06/13/2019	Permit No.: B2019-2541
Date Issued: 7-29-19	By: <i>clm</i>
CITY OF BEAVERTON	
Payment Type:	

## BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9906 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 11
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	

Authorized signature:

*Chad E Davis*

Print name: Chad E Davis

Date:

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$430,370.10

Number of bedrooms: 4

Number of bathrooms: 3

Total number of floors: 2

New dwelling area: 3313 square feet

Garage/carport area: 444.4 square feet

Covered porch area: 40 square feet

Deck area: 144 square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$1,681.06

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE 1: /BLDG DIV WG-8...



Development Department  
Building Division  
Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 05/31/2019	Permit No.: B2019-2311
Date Issued: 7/29/19	By: CLEM
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9855 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 7
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	
Authorized signature:	Date:
Print name: Chad E Davis	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$323,088.32
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2442 square feet
Garage/carport area:	440 square feet
Covered porch area:	120 square feet
Deck area:	40 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 05/29/2019	Permit No.: B2019-2288
Date Issued: 7.29.19	By: <i>Clem</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

### TYPE OF WORK

- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> New construction     | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 9915 SW 172nd Ave  
City/State/ZIP: Beaverton, OR 97076  
Suite/bldg./apt. no.: Project name: Kemmer Summit  
Cross street/directions to job site: SW Ridge Drive

Subdivision: Kemmer Summit Lot no.: 9 Re-Issue

Tax map/parcel no.:

### DESCRIPTION OF WORK

New Construction Single Family Residential  
RE-ISSUE OF LOT 1

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: Chad E Davis Construction LLC  
Address: 2420 Pacific Ave  
City/State/ZIP: Forest Grove OR 97116  
Phone: 503.357.8587 Fax: 503-992-2301  
E-mail: mattweatherdon@gmail.com

### ☒ APPLICANT

### ☐ CONTACT PERSON

Business name: Chad E Davis Construction LLC  
Contact name: Matt Weatherdon  
Address: 2420 Pacific Ave  
City/State/ZIP: Forest Grove OR 97116  
Phone: 503.357.8587 Fax: 503-992-2301  
E-mail: mattweatherdon@gmail.com

### CONTRACTOR

Business name: Chad E. Davis Construction LLC  
Address: 2420 Pacific Ave  
City/State/ZIP: Forest Grove OR 97116  
Phone: 503.357.8587 Fax: 503-992-2301  
CCB lic.: # 154184

Authorized signature:

*Chad E Davis*

Print name: Chad E Davis

Date:

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$331,829.09

Number of bedrooms: 3

Number of bathrooms: 3

Total number of floors: 2

New dwelling area: 2512 square feet

Garage/carport area: 399 square feet

Covered porch area: 60 square feet

Deck area: 160 square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$688.77

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 06/13/2019	Permit No.: B2019-2559
Date Issued: 7-26-19	By: <i>Chad</i>
CITY OF BEAVERTON	
Payment Type: <i>check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9763 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 2
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	
Authorized signature: <i>Chad Davis</i>	Date:
Print name: Chad E Davis	

## BUILDING DIVISION

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$338,533.61

Number of bedrooms: 3

Number of bathrooms: 3

Total number of floors: 2

New dwelling area: 2545 square feet

Garage/carport area: 467.4 square feet

Covered porch area: 40 square feet

Deck area: 156.8 square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$1,398.99

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 7/26/19 Permit No.: B2019-3203  
Date Issued: By: CDEW  
Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1111 NW Turnberry Terr.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: NW Silverado Dr	
Subdivision: Waterhouse	Lot no.:
Tax map/parcel no.: 1N 132 B04300	
DESCRIPTION OF WORK	
Remove Existing Deck + Install New Framing, Decking, + Handrail.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Dana Dolving	
Address: 1111 NW Turnberry Terr.	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 506-1660	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Dick's Evergreen Fence & Deck	
Contact name: Chris Boyle	
Address: 4815 SE Tualatin Valley Hwy	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 313-5325	Fax: (503) 640-0466
E-mail: dicksevergreen@gmail.com	
CONTRACTOR	
Business name: Dick's Evergreen Fence & Deck	
Address: 4815 SE Tualatin Valley Hwy	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 640-7700	Fax: (503) 640-0466
CCB lic.: 108350	
Authorized signature:	
Print name: Chris Boyle	Date: 7/1/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$50,000.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: 808 square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Approved

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
BeavertonOregon.gov

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 6-19-19	Permit No.: B2019-2642
Date Issued: 7-26-19	By: MK
Payment Type: Visa	

### TYPE OF WORK

- ☐ New construction ☐ Demolition
- ☐ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial
- ☐ Accessory building ☐ Multi-family
- ☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 13979 SW Millikan Way  
City/State/ZIP: Beaverton, Oregon 97005  
Suite/bldg./apt. no.: Project name: Vernier Software PV  
Cross street/directions to job site: Corner of SW 141st & SW Millikan Way

Subdivision: Lot no.:

Tax map/parcel no.: R2088985

### DESCRIPTION OF WORK

Add 19.44 kW photovoltaic system to roof.

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: EC Electric

Contact name: Thomas Farringer

Address: 2121 NW Thurman

City/State/ZIP: Portland, OR 97210

Phone: (971) 334-0083

Fax:

E-mail: thomas.farringer@ecpowerslife.com

### CONTRACTOR

Business name: EC Electric

Address: 2121 NW Thurman

City/State/ZIP: Portland, OR 97210

Phone: (971) 334-0083

Fax:

CCB lic.: 49737

Authorized  
signature:

Print name:

Date:

Thomas Farringer

06/19/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$47,764

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$894.82
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

## ELECTRONIC SUBMITTAL

SEE I:/BLDG DIV WG 8...

## Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	04/23/2019	Permit No:	82019-1584
Date Issued:	7-26-19	By:	RLK
CITY OF BEAVERTON		Payment Type:	VISA

## BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction <i>RP 2017-5011</i>	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>11940 SW Lynnfield Lane</i>	
City/State/ZIP: <i>Portland, OR 97225</i>	
Suite/bldg./apt. no.:	Project name: <i>William Walker elementary school</i>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Hanging Kitchen Hood &amp; Install cooler/fridge</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Beaverton School District</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>Smith &amp; Greene</i>	
Contact name: <i>Meenu Sethu</i>	
Address: <i>3645 NW Front Ave</i>	
City/State/ZIP: <i>Portland, OR</i>	
Phone: <i>503-706-7154</i>	Fax:
E-mail: <i>meenu.s@smithandgreene.com</i>	
CONTRACTOR	
Business name: <i>Same as Above</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <i>30496</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>\$22,000 + \$37,000</i>
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

*Meenu Sethu*

Print name: *MEENU SETHU*

Date: *04/17/2019*

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

g Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 6/27/2019	Permit No.:
Date Issued: 7/6/2019	By: CLEM
CITY OF BEAVERTON	Payment Type: CHECK

BUILDING DIVISION

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	500,000
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	square feet 2802
Garage/carport area:	square feet 486
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

TYPE OF WORK

- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> New construction     | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

CATEGORY OF CONSTRUCTION

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

JOB SITE INFORMATION AND LOCATION

Job site address: 16275 SW Jade View Way	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg /apt. no.:	Project name:
Cross street/directions to job site: Beard to Nora, S. on Diamond View, L on Jade View	
Subdivision: Jadeview	Lot no.: 4
Tax map/parcel no.: 1S129CB1 006800	

DESCRIPTION OF WORK

New Home

☐ PROPERTY OWNER

☐ TENANT

Name: Gertz Construction Co Inc

Address: 19200 SW 46th Ave

City/State/ZIP: Tualatin, OR 97062-8770

Phone: (503) 692-3390

Fax: (503) 692-5433

E-mail: Ken@Gertzco.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Gertz Construction Co Inc

Contact name: Ken Gertz

Address: 19200 SW 46th Ave

City/State/ZIP: Tualatin, OR 97062-8770

Phone: (503) 692-3390

Fax: (503) 692-5433

E-mail: Ken@Gertzco.com

CONTRACTOR

Business name: Gertz Construction Co Inc

Address: 19200 SW 46th Ave

City/State/ZIP: Tualatin, OR 97062-8770

Phone: (503) 692-3390

Fax: (503) 692-5433

CCB lic.: 34350

Authorized signature:

Print name:

Ken Gertz

Date:

06/20/19



ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...



**Building Permit Application**

12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222V/TDD  
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 8-2-19	Permit No.: B2019-2867
Date Issued: 7-26-19	By: HUE
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4580 SW Watson Ave.	
City/State/ZIP: BUTN.	
Suite/bldg./apt. no.:	Project name: White Bowl
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Walk-in cooler Box (30 SQ. Ft.)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Same as contractor	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Bulldogmech. INC.	
Address: 3307 NE 39th St.	
City/State/ZIP: JANC. WA. 98001	
Phone: 360.901.2610	Fax: 360.693.1505
CCB lic.: 152993, metro #0027	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	3,000.00,
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	\$150.98
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: [Signature]  
Print name: Rolland Walters Date: 05.29.19



# Building Permit Application

Community Development Department  
Building Division  
12723 SW Hillcrest Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8  
Beaverton  
OREGON

## OFFICE USE ONLY

Date Received: 07/19/2019

Permit No.: B2019-3085

Date Issued: 7-26-19

By: MK

Payment Type: MC

CITY OF BEAVERTON  
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7770 Sw Hillcrest Place	
City/State/ZIP: Beaverton/OR/97008	
Suite/bldg./apt. no.:	Project name: Anna Haskel
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Moving of interior load bearing walls	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Anna Haskel	
Address: 7770 Sw Hillcrest Place	
City/State/ZIP: Beaverton/OR/97008	
Phone: 503-894-3208	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Renovations Inc	
Contact name: Cory Miller	
Address: 4676 Commercial st se #452	
City/State/ZIP: Salem/or/97302	
Phone: 503-930-0202	Fax:
E-mail: CoryM@renovationsinc.org	
CONTRACTOR	
Business name: Renovations Inc	
Address: 4676 Commercial st se #452	
City/State/ZIP: Salem/or/97302	
Phone: 503-930-0202	Fax:
CCB lic.: 201133	

Authorized  
signature:

Print name:

Cory Miller

Date:

7-17-2019

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 43,000

Number of bedrooms: 4

Number of bathrooms: 3

Total number of floors: 2

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$364.68

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 07/19/2019	Permit No.: B2019-3098
Date Issued: 7-26-19	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: MC

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15010 SW Telluride Terrace	
City/State/ZIP: Beaverton, OR 97007	
Sublot/bldg./apt. no.:	Project name: Gerlach Remodel
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remodel Master Bath	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Paul & Becky Gerlach	
Address: 15010 SW Telluride Terrace	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503 459 9659	Fax:
E-mail: Paul.M.Gerlach@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Mountainwood Homes	
Contact name: Craig LeMay	
Address: 8324 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503 703 9203	Fax:
E-mail: KLEMA@MOUNTAINWOODHOMES.COM	
CONTRACTOR	
Business name: Mountainwood Homes	
Address: 8324 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503 746 7338	Fax: 503 746 7964
CCB Lic.: 184317	
Authorized signature: [Signature]	
Print name: Craig LeMay	Date:

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	2000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$80.58
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG 8



City of Beaverton Development Department  
Building Division  
2550 Mulikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 07/01/2019	Permit No.: B2019-2833
Date Issued: 7-26-19	By: [Signature]
CITY OF BEAVERTON	Payment Type:

## BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14195 & 14205 SW Allen Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Nectar Cannabis
Cross street/directions to job site: 1/2 block east of intersection of SW 141st Street and SW Allen BLVD.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install double face led illuminated free standing pole sign	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nectar Cannabis	
Address: 14195 SW Allen BLVD	
City/State/ZIP: Beaverton OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Image King Signs	
Contact name: Dan Culnane	
Address: 4051 W 1st Ave	
City/State/ZIP: Eugene, OR 97402	
Phone: (541) 484-1482	Fax: (541) 465-8994
E-mail: dan@imageking signs.com	
CONTRACTOR	
Business name: Image King Signs	
Address: 4051 W 1st Ave	
City/State/ZIP: Eugene, OR 97402	
Phone: (541) 484-1482	Fax: (541) 465-8994
CCB lic.: 161313	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

\$8500

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$162.16

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Dan Culnane	06/28/19

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Beaverton Oregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 07/12/2019	Permit No.: B2019-2995
Date Issued: 7-25-19	By: MC
CITY OF BEAVERTON	Payment Type: MC

## BUILDING DIVISION

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$15,882.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$182.90

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

ELECTRONIC SUBMITTAL  
SEE 1:/BLDG DIV WG-8...

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 7037 SW 158th Ave.

City/State/ZIP: Beaverton, OR 97007

Suite/bldg./apt. no.:

Project name: Hedine/Bloom 32820

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Voluntary Underpinning Using 4 Push Piers and 3 Helical Piers

☒ PROPERTY OWNER

☐ TENANT

Name: Roy Hedine

Address: 7037 SW 158th Ave

City/State/ZIP: Beaverton, OR 97007

Phone: (503) 686-9356

Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name: TerraFirma Foundation Systems

Contact name: Elenita Ronquillo

Address: 13110 SW Wall St.

City/State/ZIP: Tigard, OR 97223

Phone: (503) 718-4533

Fax:

E-mail: eronquillo@terrafirmafs.com

### CONTRACTOR

Business name: TerraFirma Foundation Systems

Address: 13110 SW Wall St.

City/State/ZIP: Tigard, OR 97223

Phone: (971) 205-5235

Fax:

CCB lic.: 173547

Authorized signature:

*Elenita Ronquillo*

Print name:

ELENITA RONQUILLO

Date:

7/12/19

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
City Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 07/17/2019	Permit No.: B2019-3045
Date Issued: 7-25-19	By: <i>HL</i>
CITY OF BEAVERTON	
Payment Type: <i>AMX</i>	

## BUILDING DIVISION

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: *400* square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$290.98
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

### TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☒ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 5065/5045 SW NORMANDY

City/State/ZIP: BEAVERTON, OR 97005

Suite/bldg./apt. no.:

Project name: WESTBROOK 5065/504

Cross street/directions to job site: MURRAY & 6TH ST

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

REMOVE OLD CARPORT ROOFS  
INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL

☐ PROPERTY OWNER

☐ TENANT

Name: CAROL MOONEY - WESTBROOK MAINTENANCE CHAIR

Address:

City/State/ZIP:

Phone: (503) 504-5533

Fax:

E-mail:

☐ APPLICANT

☒ CONTACT PERSON

Business name: GREG LEE CONSTRUCTION

Contact name: LINDSEY BERGIN

Address: 11170 SW TORLAND ST

City/State/ZIP: TIGARD OR 97223

Phone: (503) 941-9718

Fax:

E-mail: LINDSEY@GREGLEEROOFING.COM

### CONTRACTOR

Business name: SAME AS ABOVE

Address:

City/State/ZIP:

Phone:

Fax:

CCB Lic.: 206852

Authorized signature:

Print name:

Date:

*Greg Lee*  
*Greg Lee*

*7/10/19*

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
**SEE I:/BLDG DIV WG-8**  
**Beaverton**  
 Community Development Department  
 Building Division  
 12725 SW Millikan Way / PO Box 4755  
 Beaverton, OR 97076  
 Phone: (503) 526-2493 Fax: (503) 526-2550  
 General Information (503) 526-2222  
 BeavertonOregon.gov

**OFFICE USE ONLY**

Date Received: **05/31/2019** Permit No.: **B2019-2326**  
 Date Issued: **7-25-19** By: **MU**  
 CITY OF BEAVERTON Building Division Payment Type: **CHUCK**

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>5240 SW Dover Ln</b>	
City/State/ZIP: <b>Portland / Oregon / 97225</b>	
Suite/bldg./apt. no.:	Project name: <b>Peterson Home Addition</b>
Cross street/directions to job site: <b>Second Lot South of the intersection of SW Dover Ln &amp; SW Dover St on the East side of Dover Ln</b>	
Subdivision: <b>Hemstreet Heights</b>	Lot no.: <b>R99654</b>
Tax map/parcel no.: <b>1S113DA04600</b>	
DESCRIPTION OF WORK	
Addition of Master Suite, Bedroom, Bathroom, and Multipurpose Room on front of existing single family home.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Josh &amp; Natalie Peterson</b>	
Address: <b>5240 SW Dover Ln</b>	
City/State/ZIP: <b>Portland / Oregon / 97225</b>	
Phone: <b>(503) 729-2143</b>	Fax:
E-mail: <b>joshuap@gbdarchitects.com</b>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>ELP DESIGN</b>	
Contact name: <b>Josh Peterson</b>	
Address: <b>5240 SW Dover Ln</b>	
City/State/ZIP: <b>Portland / Oregon / 97225</b>	
Phone: <b>(503) 729-2143</b>	Fax:
E-mail: <b>joshuap@gbdarchitects.com</b>	
CONTRACTOR	
Business name: <b>Cutty Hyde Construction</b>	
Address: <b>2725 NE 17th Ave</b>	
City/State/ZIP: <b>Portland / Oregon / 97212</b>	
Phone: <b>(503) 720-0930</b>	Fax:
CCB lic.: <b>119731</b>	

**REQUIRED DATA: 1- AND 2-FAMILY DWELLING**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	<b>\$153,567.84</b>
Number of bedrooms:	<b>3 existing / 2 new</b>
Number of bathrooms:	<b>1.5 existing / 2 new</b>
Total number of floors:	<b>1</b>
New dwelling area:	square feet <b>1254</b>
Garage/carport area:	square feet <b>450</b>
Covered porch area:	square feet <b>n/a</b>
Deck area:	square feet <b>n/a</b>
Other structure area:	square feet <b>n/a</b>

**REQUIRED DATA: COMMERCIAL-USE CHECKLIST**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

**NOTICE**

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

**BUILDING PERMIT FEES\***

Please refer to fee schedule


Fees due upon application	<b>\$1,102.43</b>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: 

Print name: <b>Josh A Peterson</b>	Date: <b>05/23/19</b>
------------------------------------	-----------------------

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8...



Development Department  
Building Division  
10000 SW Canyon Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 07/17/2019	Permit No.: B2019-3046
Date Issued: 7-25-19	By: <i>ML</i>
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: <i>AMX</i>

<b>TYPE OF WORK</b>	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
<b>CATEGORY OF CONSTRUCTION</b>	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
<b>JOB SITE INFORMATION AND LOCATION</b>	
Job site address: 5032 SW NORMANDY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: WESTBROOK 5032
Cross street/directions to job site: MURRAY & 6TH ST	
Subdivision:	Lot no.:
Tax map/parcel no.:	
<b>DESCRIPTION OF WORK</b>	
REMOVE OLD CARPORT ROOFS INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CAROL MOONEY - WESTBROOK MAINTENANCE CHAIR	
Address:	
City/State/ZIP:	
Phone: (503) 504-5533	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GREG LEE CONSTRUCTION	
Contact name: LINDSEY BERGIN	
Address: 11170 SW TORLAND ST	
City/State/ZIP: TIGARD OR 97223	
Phone: (503) 941-9718	Fax:
E-mail: LINDSEY@GREGLEEROOFING.COM	
<b>CONTRACTOR</b>	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 206852	

<b>REQUIRED DATA: 1- AND 2-FAMILY DWELLING</b>	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area: 400	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
<b>REQUIRED DATA: COMMERCIAL-USE CHECKLIST</b>	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 12,500	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
<b>NOTICE</b>	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
<b>BUILDING PERMIT FEES</b>	
Please refer to fee schedule	
Fees due upon application	\$209.01
Amount received	
Date received:	

Authorized signature:

*Greg Lee*

Print name:

Greg Lee

Date:

7/10/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
3 Fax: (503) 526-2550  
mation (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 07/10/2019 Permit No.: B2019-2951  
Date Issued: 7-23-19 By: *AK*  
CITY OF BEAVERTON Payment Type: Visa

## BUILDING DIVISION

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15220 NW Greenbrier Parkway  
City/State/ZIP: Beaverton OR 97006  
Suite/bldg./apt. no.: 245 Project name: Hawkridge Systems  
Cross street/directions to job site:

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Demo non-structural partitions  
Construct non-structural partitions  
Install Doors/Relights  
Install Casework

☒ PROPERTY OWNER ☐ TENANT

Name: Lincoln Property Company  
Address: 1211 Sw 5th Ave Suite 700  
City/State/ZIP: Portland OR 97204  
Phone: (503) 224-1193 Fax:  
E-mail: LMorrison@LPC.com

☒ APPLICANT ☐ CONTACT PERSON

Business name: Commercial Contractors Inc  
Contact name: Jake Money  
Address: 5573 S 1st Circle  
City/State/ZIP: Ridgefield WA 98642  
Phone: (503) 227-4440 Fax:  
E-mail: jake@ccigc.com

### CONTRACTOR

Business name: Commercial Contractors Inc  
Address: 5573 S 1st Circle  
City/State/ZIP: Ridgefield WA 98642  
Phone: (503) 227-4440 Fax:  
CCB lic.: 123729

Authorized  
signature:

*Jake Money*

Print name:

Jake Money

Date:

07/09/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$48,064

Existing building area: square feet 169139

New building area: square feet 5306

Number of stories: 3

Type of construction: III-B

Occupancy groups:

Existing: B

New: B

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$908.75

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 7-25-19	Permit No.: B2019-3147
Date Issued: 7-25-19	By: [Signature]
	Payment Type: MC

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8555 SW Apple Way	
City/State/ZIP: Portland/ OR/ 97225	
Suite/bldg./apt. no.: 330	Project name: Tri-Talent Funding
Cross street/directions to job site: SW Apple Way & Beaverton-Hillsdale Highway (Rt 10)	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Expansion of existing offices, adding break room, file and copy rooms, and secure server room. New interior walls, doors, relites, and casework. Existing suspended ceiling to remain.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: AAA represented by Doug Bean & Associates	
Address: 1211 SW Fifth Ave., Ste. 1440	
City/State/ZIP: Portland/ OR/ 97204	
Phone: (503) 222-5100	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Ankrom Moisan Architects, Inc.	
Contact name: Roberta Pennington	
Address: 38 NW Davis St., Ste. 300	
City/State/ZIP: Portland/ OR/ 97209	
Phone: (503) 952-1347	Fax:
E-mail: robertap@ankrommoisan.com	
CONTRACTOR	
Business name: Summit Construction	
Address: P.O. Box 10345	
City/State/ZIP: Portland/ OR/ 97296	
Phone: (503) 223-9703	Fax: (503) 242-3841
CCB lic.: 63249	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$75,000
Existing building area:	square feet
New building area:	square feet n/a
Number of stories:	4
Type of construction:	V-B
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: [Signature]

Print name:	Date:
Roberta E. Pennington	07/23/19

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
City Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

*Re Issue*

RECEIVED

## OFFICE USE ONLY

Date Received: 05/28/2019	Permit No.: B2019-2255
Date Issued: 7-24-19	By: <i>clerk</i>
CITY OF BEAVERTON	
Payment Type: <i>check</i>	

## BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9835 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB No.: # 154184	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$292,561.54
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2199
Garage/carport area:	square feet 400
Covered porch area:	square feet 80
Deck area:	square feet 100
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1257.96
Amount received	628.98
Date received:	

Authorized signature: <i>Chad E Davis</i>	Date:
Print name: Chad E Davis	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2550  
Fax: (503) 526-2222  
BeavertonOregon.gov

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 07/24/2019	Permit No.: B2019-3166
Date Issued: 7-24-19	By: <i>ML</i>
CITY OF BEAVERTON	
Payment Type: Visa	

## BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7200 SW Benz Park Dr	
City/State/ZIP: Portland, OR, 97229	
Suite/bldg./apt. no.:	Project name: Nagler Residence
Cross street/directions to job site: 1 block North of Hwy 8 on Benz Park Dr	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S112AB02000	
DESCRIPTION OF WORK	
Kitchen remodel including 1) removal of bearing wall and replacement with beam 2) cut out and installation of 2 new windows 3) electrical, plumbing and mechanical associated with kitchen remodel.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Gabe Nagler	
Address: 7200 SW Benz Park Dr	
City/State/ZIP: Portland, OR, 97225	
Phone: 541 844 8405	Fax:
E-mail: gabenagler@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Gabe Nagler	
Address: 7200 SW Benz Park Dr	
City/State/ZIP: Portland, OR, 97225	
Phone: 541 844 8405	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	8000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$365.15
Amount received	
Date received:	

Authorized signature:

*Gabe Nagler*

Print name: Gabe Nagler	Date: 7/24/19
Gabe Nagler	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 07/09/2019

Permit No.: B2019-2915

Date Issued: 7/9/2019

Payment Type:

### TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 17795 Fall Ct.

City/State/ZIP: Beaverton OR 97006

Suite/bldg./apt. no.:

Project name: ES - Stevens

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Prescriptive 11.47kW Solar Installation on Standing Metal roof.

☒ PROPERTY OWNER

☐ TENANT

Name: Brian Stevens

Address: 17795 Fall Ct.

City/State/ZIP: Beaverton OR 97006

Phone: (503) 533-8726

Fax:

E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name: Energy Solutions, LLC

Contact name: Grant Lindsley

Address: PO Box 887

City/State/ZIP: Beavercreek OR 97004

Phone: (503) 680-3718

Fax:

E-mail: grant@esolutions-or.com

### CONTRACTOR

Business name: Energy Solutions LLC

Address: PO Box 887

City/State/ZIP: Beavercreek OR 97004

Phone: (503) 680-3718

Fax:

CCB lic.: 202002

Authorized signature:

Print name:

Grant Lindsley

Date:

07/03/20

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$24,450

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

APPROVED



### Building Permit Application

City of Beaverton Community Development  
PO Box 4755, Beaverton, OR 97076  
Phone: (503) 526-2403; Fax: (503) 526-2550  
Internet address: www.beavertonoregon.gov

OFFICE USE ONLY	
Date Received: 05/31/2019	Permit No.: B2019-2325
Date Issued: 7-8-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4575 SW 99th Avenue 9945	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: Higher Ground Learning
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
FIRE ALARM SYSTEM	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: ACTION TECHNOLOGY SYSTEMS LLC	
Address: 835 SE 17TH AVENUE	
City/State/ZIP: PORTLAND OR 97214	
Phone: (503) 231-1992	Fax: (503) 231-1402
CCB lic.: 157630	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$9,987.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	II-B
Occupancy groups:	E
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

rev 06/11

Authorized signature:

*[Signature]*

Print name:

STEVEN A. BARRY

Date:

5-29-19

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 VTDD  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 1/10/2019	Permit No: B2019-2919
Date Issued: 1/10/2019	By: [Signature]
Payment Type:	

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 10415 SW Murray Blvd.  
City/State/ZIP: Beaverton, OR 97008  
Suite/bldg./apt. no.: Bldg. D Project name: Murrayhill Park Apts.  
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Tear off & Re-Roof

### PROPERTY OWNER

### TENANT

Name: Affinity Property Mgmt.  
Address: 1303 SW 16th Avenue  
City/State/ZIP: Portland, OR 97201  
Phone: 503.892.0099 Fax:  
E-mail:

### APPLICANT

### CONTACT PERSON

Business name: Carlson Roofing Co., Inc.  
Contact name: Tanya Scrivner  
Address: PO Box 1095 550 SW Maple St.  
City/State/ZIP: Hillsboro, OR 97123  
Phone: 503.846.1575 Fax: 503.640.2122  
E-mail: tanya@carlsonroof.com

### CONTRACTOR

Business name: Carlson Roofing Co., Inc.  
Address: PO Box 1095 550 SW Maple St.  
City/State/ZIP: Hillsboro, OR 97123  
Phone: 503.846.1575 Fax: 503.640.2122  
CCB lic.: 15A684

Authorized signature: [Signature]

Print name: Tanya Scrivner

Date: 6/27/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 21,875.00

Existing building area: 6800 square feet

New building area: square feet

Number of stories: 2

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7/9/2019 Permit No: 82019-2918  
Date Issued: 7/9/2019  
Payment Type:

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 10415 SW Murray Blvd.  
City/State/ZIP: Beaverton, OR 97008  
Suite/bldg./apt. no.: Bldg E Project name: Murray Hill Park Apts.  
Cross street/directions to job site:

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Tear off & re-roof

### PROPERTY OWNER

Name: Affinity Property Mgmt.  
Address: 1203 SW 11th Avenue  
City/State/ZIP: Portland, OR 97201  
Phone: 503.892.0099 Fax:  
E-mail:

### APPLICANT

Business name: Carlson Roofing Co., Inc.  
Contact name: Tanya Scrivner  
Address: PO Box 1695 550 SW Maple St.  
City/State/ZIP: Hillsboro, OR 97123  
Phone: 503.846.1575 Fax: 503.640.2122  
E-mail: tanya@carlsonroof.com

### CONTRACTOR

Business name: Carlson Roofing Co., Inc.  
Address: PO Box 1695 550 SW Maple St.  
City/State/ZIP: Hillsboro, OR 97123  
Phone: 503.846.1575 Fax: 503.640.2122  
CCB lic.: 159686

Authorized signature: Tanya Scrivner

Print name: TANYA SCRIVNER Date: 6/27/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 21,875.00

Existing building area: 16800 square feet

New building area: square feet

Number of stories: 2

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application 592.65  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1: BLDG DIV WG-8...



Development Department  
Building Division  
10000 SW Canyon Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

ReIssue Lot 3

OFFICE USE ONLY	
Date Received: 05/28/2019	Permit No.: B2019-2257
Date Issued: 7/8/2019	Payment Type:
CITY OF BEAVERTON	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9903 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 8
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB No.: # 154184	
Authorized signature: <i>Chad E Davis</i>	Date:
Print name: Chad E Davis	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$292,561.54
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2199
Garage/carport area:	square feet 400
Covered porch area:	square feet 80
Deck area:	square feet 100
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule 628.98	
Fees due upon application	\$1,257.96
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application

APPROVED

ELECTRONIC SUBMITTAL

SEE I:/BLDG DIV WGS

**Beaverton**  
OREGON

Community Development Department  
Building Division  
777 SW Molken Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 05/24/2019	Permit No.: B2019-2240
Date Issued: 7-8-19	By: MC
CITY OF BEAVERTON	Payment Type: MC

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Educational
JOB SITE INFORMATION AND LOCATION	
Job site address: 1600 NW 173rd Avenue	
City/State/ZIP: Beaverton, OR 97701	
Suite/bldg./apt. no.:	Project name: 5 Oaks MS Ph4
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fire sprinkler system in the new additions Ph 4.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Phoenix Fire Protection	
Contact name: Teri Cruickshank	
Address: 4130 Airport Rd.	
City/State/ZIP: Nampa, ID 83687	
Phone: (208) 468-9115	Fax: (208) 461-9117
E-mail: teri@phoenixfp.com	
CONTRACTOR	
Business name: Phoenix Fire Protection	
Address: 4130 Airport Rd.	
City/State/ZIP: Nampa, ID 83687	
Phone: (208) 468-9115	Fax: (208) 461-9117
CCB lic.: 181692	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$54,060
Existing building area:	square feet
New building area:	square feet 134278
Number of stories:	2
Type of construction:	II B
Occupancy groups:	E
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

PLEASE CALL FOR PERMIT PAYMENT  
208-468-9115 TERI CRUICKSHANK

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$1,324.67
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Teri Cruickshank	05/13/19

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: MAR 8 2019	Permit No.: B2019.0927
Date Issued: 7-3-19	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9753 SW 171 <sup>st</sup> Ave	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Lemmer Summit
Cross street/directions to job site:	
Subdivision:	Lot no.: 19
Tax map/parcel no.:	
DESCRIPTION OF WORK	
3720BR - NSFR - Drop Garage -	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	289,641.91
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2219 square feet
Garage/carport area:	399 square feet
Covered porch area:	26 square feet
Deck area:	100 square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	1,233.43
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

Amanda Loveridge

Date:

6/27/18

B400 AR

## Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



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OFFICE USE ONLY

Date Received: AUG 17 2018	Permit No: B2018-3841
Date Issued: 1-3-19	By: [signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15724 Thrush Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 79
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	442,246.02
Number of bedrooms:	4
Number of bathrooms:	3.5
Total number of floors:	3
New dwelling area:	3522 square feet
Garage/carport area:	417 square feet
Covered porch area:	52 square feet
Deck area:	185 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,717.86
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

Amanda Loveridge

Date:

10/27/18

Revised 9/4/18

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## Building Permit Application

COB Revision/Tracking Number

REV 19-010

JAN 04 2019

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

CITY OF BEAVERTON

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 1.4.2019

Permit No.: B2018-3842

Date Issued: 7-3-19

By: aevm

Payment Type:

## TYPE OF WORK

☒ New construction☐ Demolition☐ Addition/alteration/replacement☐ Other:

## CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling☐ Commercial/Industrial☐ Accessory building☐ Multi-family☐ Master builder☐ Other:

## JOB SITE INFORMATION AND LOCATION

Job site address: 15723 SW Wren Ln

City/State/ZIP: Beaverton, OR

Suite/bldg./apt. no.:

Project name: Russell

Cross street/directions to job site:

Subdivision: Westmont

Lot no.: 111

Tax map/parcel no.:

## DESCRIPTION OF WORK

NSFR - 3724BL - 2 Car Garage

☒ PROPERTY OWNER☐ TENANT

Name: DR Horton, Inc

Address: 4380 SW Macadam Ave Suite 200

City/State/ZIP: Portland, OR 97239

Phone: (503) 222-4151

Fax:

E-mail: plancheck@drhorton.com

☒ APPLICANT☐ CONTACT PERSON

Business name: DR Horton, Inc

Contact name: Amanda Loveridge

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

E-mail: plancheck@drhorton.com

## CONTRACTOR

Business name: DR Horton, Inc

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

CCB lic.: 130859

Authorized  
signature:

Print name:

Amanda Loveridge

Date:

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 321840

Number of bedrooms: 4

Number of bathrooms: 2.5

Total number of floors: 4

New dwelling area: 2297 square feet

Garage/carport area: 385 square feet

Covered porch area: 94 square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 05/29/2019	Permit No.: B2019-2283
Date Issued: 7-3-19	By: <i>crem</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9821 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Sub/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 4 Re-Issue
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential  RE-ISSUE OF LOT 1	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$331,829.09
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2512 square feet
Garage/carport area:	399 square feet
Covered porch area:	60 square feet
Deck area:	160 square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$688.77
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: Chad E Davis

Date:

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV/WG 8



City of Beaverton Development Department  
Building Division  
1575 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: **04/08/2019** Permit No.: **B2019-1379**  
Date Issued: **7-5-19** By: *HLK*  
CITY OF BEAVERTON Payment Type: *Check*  
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>15575 SW Nora Rd</b>	
City/State/ZIP: <b>Beaverton, OR 97007</b>	
Suite/bldg./apt. no.:	Project name: <b>Huffman Remodel</b>
Cross street/directions to job site: <b>155th</b>	
Subdivision:	Lot no.: <b>R256314</b>
Tax map/parcel no.: <b>1S129CA00300</b>	
DESCRIPTION OF WORK	
addition to existing house	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Teresa Cortese</b>	
Address: <b>15575 SW Nora Rd</b>	
City/State/ZIP: <b>Beaverton, Or 97007</b>	
Phone: <b>(503) 590-7735</b>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: <b>Jeff Huffman</b>	
Address: <b>6520 SW Wilson ave</b>	
City/State/ZIP: <b>Beaverton, OR 97008</b>	
Phone: <b>(503) 810-5876</b>	Fax:
E-mail: <b>icanbuildit@aol.com</b>	
CONTRACTOR	
Business name: <b>TERESA CORTESE</b>	
Address: <b>15575 SW NORA RD</b>	
City/State/ZIP: <b>Beaverton, OR 97007</b>	
Phone: <b>(503) 590-7735</b>	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>\$857,944.86</b>
Number of bedrooms:	<b>5</b>
Number of bathrooms:	<b>2.5</b>
Total number of floors:	<b>2</b>
New dwelling area:	square feet <b>6750</b>
Garage/carport area:	square feet <b>432</b>
Covered porch area:	square feet
Deck area:	square feet <b>475</b>
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<b>\$4,114.00</b>
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
<b>Jeff Huffman</b>	<b>04/05/19</b>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 7-5-19	Permit No.: B2019-2911
Date Issued: 7-5-19	By: MK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1815 NW 169th Place, Bldg 3	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Bldg 3	Project name: Twin Oaks
Cross street/directions to job site: NW 169th & Cornell; bldg is located at the end of the cul de sac	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Trench asphalt, remove and replace two elbows in fire sprinkler line where break occurred.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: PNWP LLC #5	
Address: 6600 SW 105th Ave, Suite 175	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 626-3500	Fax: (503) 671-0211
E-mail: Katherine.Coussens@pnwprop.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific NW Properties	
Contact name: Katherine Coussens	
Address: 6600 SW 105th Ave, Suite 175	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 626-3500	Fax: (503) 671-0211
E-mail: Katherine.Coussens@pnwprop.com	
CONTRACTOR	
Business name: Laneco	
Address: 8823 N Harborgate	
City/State/ZIP: Portland, OR 97203	
Phone: (503) 239-6858	Fax: (503) 232-6130
CCB lic.: 221268	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$8,700.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$363.71
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

Print name: Brad Stern

Date: 7/5/2019



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
beavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

APPROVED

RECEIVED

## OFFICE USE ONLY

Date Received: 05/10/2019	Permit No.: B2019-1985
Date Issued: 7-3-19	By: <i>HL</i>
CITY OF BEAVERTON	
Payment Type: Visa	

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 240 NW Lost Springs Terrace #36	
City/State/ZIP: Portland OR 97229	
Suite/bldg./apt. no.:	Project name: PHARMACA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Light demo, adding exhaust fan & connections to existing roof curb. Framing in around new clean room location; relocate lighting as needed; patch flooring as needed; new sprinkler heads as needed by separate permit; add sink-plumbing by separate permit.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Pharmaca Integrative Pharmacies - Tara Hastings	
Address: 4940 Pearl East Circle #301	
City/State/ZIP: Boulder CO 80301	
Phone: 303-867-3147	Fax:
E-mail: thastings@pharmaca.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction Services	
Contact name: Sue Tibbs	
Address: 2300 E Third Lp Suite 110	
City/State/ZIP: Vancouver WA 98661	
Phone: 360-953-8508	Fax: 360-694-7818
E-mail: stibbs@westernconstruction.com	
CONTRACTOR	
Business name: Western Construction Services	
Address: 2300 E Third Lp Suite 110	
City/State/ZIP: Vancouver WA 98661	
Phone: 360-699-5317	Fax: 360-694-7818
CCB lic.: 63717	

Authorized signature: *Sue Tibbs*

Print name:	Date:
Sue Tibbs	4/30/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$24,000	
Existing building area:	square feet	290
New building area:	square feet	290
Number of stories:	1	
Type of construction:	V-B	
Occupancy groups:		
Existing:	M	
New:	M	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$555.00
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7/3/19	Permit No. B2019-2882
Date Issued: 7/3/19	By: USA
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4650 SW Griffith Dr.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Bella Institute
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm Panel	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Bella Institute	
Address: 4650 SW Griffith Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mail: bwilliams@pointmonitor.com	
CONTRACTOR	
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB lic.: 135901	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: [Signature]	Date:
Print name: Ben Breit	07/02/19

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...

**Permit Application**



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

APPROVED

RECEIVED

**OFFICE USE ONLY**

Date Received: 06/11/2019 Permit No. B2019-2496  
Date Issued: 7-2-19 By: MK  
CITY OF BEAVERTON Payment Type: VISA

**BUILDING DIVISION**

**REQUIRED DATA: 1- AND 2-FAMILY DWELLING**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 2500.00 +  
Number of bedrooms: 3500 - walk in  
Number of bathrooms: 6000  
Total number of floors: 1  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

**REQUIRED DATA: COMMERCIAL-USE CHECKLIST**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation:  
Existing building area: square feet  
New building area: square feet  
Number of stories:  
Type of construction:  
Occupancy groups:  
Existing:  
New:

**NOTICE**

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

**BUILDING PERMIT FEES\***

Please refer to fee schedule

Fees due upon application: \$208.69  
Amount received:  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

**TYPE OF WORK**

☐ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☒ Other:

**CATEGORY OF CONSTRUCTION**

☐ 1- and 2-family dwelling ☒ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

**JOB SITE INFORMATION AND LOCATION**

Job site address: 6540 SW Fallbrook  
City/State/ZIP: Beaverton, OR  
Suite/bldg /apt. no.: Project name: Car Wash  
Cross street/directions to job site: Allen Blvd / Fallbrook Lou  
Subdivision: Lot no.:  
Tax map/parcel no.:

**DESCRIPTION OF WORK**

- Build 11'x10' fire rated wall to cover window.  
- install a 8x8 walk in cooler

☐ PROPERTY OWNER

☒ TENANT

Name: Michael  
Address: 6540 SW Fallbrook  
City/State/ZIP: Beaverton, OR  
Phone: 503-866-6814 Fax:  
E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: PKNW Construction  
Contact name: Karina Leyva  
Address: PO Box 3686  
City/State/ZIP: Hillsboro OR 97123  
Phone: 503-530-6427 Fax:  
E-mail: pknwconstruction@gmail.com

**CONTRACTOR**

Business name: PKNW Construction  
Address: 2331 23rd Ave #210  
City/State/ZIP: Forest Grove, OR 97116  
Phone: 503-530-6427 Fax:  
CCB lic.: 209936

Authorized signature:

Print name: Karina Leyva Date: 6-7-19

# Building Permit Application

OTC - Maybe

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8



Community Development Department  
Building Division  
12723 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 07/02/2019	Permit No.: B2019-2862
Date Issued: 7-2-19	By: C. Eng
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 910 NW 176th Avenue	
City/State/ZIP: Beaverton, OR 97006-4051	
Suite/bldg./apt. no.: N/A	Project name: Deck Revision
Cross street/directions to job site: Heading south from Hwy 26, turn left off NW 185th Avenue on NW Walker Road, then left on NW 178th Avenue and right on NW 176th Avenue.	
Subdivision: Autumn Ridge No. 3	Lot no.: Lot Pts 178-179
Tax map/parcel no.: Tax Lot ID # 1N131CA04400 / Parcel # RO623294	
DESCRIPTION OF WORK	
As part of our aging-in-place plan (my husband is a disabled US Vet), we are replacing our 3-level deck with an extended level with waterproof flooring & beneath it an insulated sun room with access to the yard and rest of the deck which will be replacing the current deteriorating deck.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Michele & Jeffrey Engel	
Address: 910 NW 176th Avenue	
City/State/ZIP: Beaverton, OR 97006-4051	
Phone: (503) 709-8178	Fax: (503) 614-2829
E-mail: medesign@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Homeowner	
Contact name: Michele A Engel	
Address: 910 NW 176th Avenue	
City/State/ZIP: Beaverton, OR 97006-4051	
Phone: (503) 709-8178	Fax: (503) 614-2829
E-mail: medesign@comcast.net	
CONTRACTOR	
Business name: Murison Enterprises	
Address: 24900 NW Meacham Road	
City/State/ZIP: North Plains, OR 97133	
Phone: (503) 318-4528	Fax:
CCB lic.: 37834	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$24,740
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$349.54
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name: Michele A Engel	06/20/19



## Electrical Permit Application

12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

### OFFICE USE ONLY

Date Received: <u>7-2-19</u>	Permit No.: <u>B2019-2860</u>
Date Issued: <u>7-2-19</u>	By: <u>CLW</u>
Payment Type: <u>CARD</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Master builder <input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job no.: <u>07119</u>	Job address: <u>7120 SW Palmer Way</u>
City/State/ZIP: <u>Beaverton, Or, 97007</u>	
Suite/bldg./apt. no.:	Project name: <u>Garage wiring adds</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Upgrading and rewiring workshop electrical circuit</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Bertram C. Hill III</u>	
Address: <u>7120 SW Palmer Way</u>	
City/State/ZIP: <u>Beaverton, Or, 97007</u>	
Phone: <u>5037801246</u>	Fax:
E-mail: <u>bert_home@comcast.net</u>	
Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.	
Owner signature: <u>[Signature]</u> Date: <u>7/2/19</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: <u>Bertram C. Hill III</u>	
Address: <u>7120 SW Palmer Way</u>	
City/State/ZIP: <u>Beaverton, Or, 97007</u>	
Phone: <u>5037801246</u>	Fax:
E-mail: <u>bert_home@comcast.net</u>	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	CCB lic. no.:
Electrical lic. no.:	City or metro lic.:
Supervising electrician signature, required:	
Print name:	Date:
Authorized signature:	
Print name:	Date:

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder over 600 amps <input type="checkbox"/> Building over three stories <input type="checkbox"/> Marinas and boatyards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of 150 KVA or larger separately derived system <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy <input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Service or feeder 400amps or more <input type="checkbox"/> Fire pump <input type="checkbox"/> Emergency system <input type="checkbox"/> Addition of new motor load of 100HP or more <input type="checkbox"/> Six or more residential units <input type="checkbox"/> Health-care facilities <input type="checkbox"/> Hazardous locations				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit Includes attached garage</b>				
1,000 sq. ft. or less		194.64		4
Ea. add'l 500 sq. ft. or portion		34.77		
Limited energy, residential (with above sq. ft.)		46.42		2
Limited energy, multi-family residential (with above sq. ft.)		91.72		2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps		184.11		2
601 amps to 1,000 amps		225.29		2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit	1	81.14		2
Each add'l branch circuit	1	4.26		
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
SUBTOTAL			<u>\$85.40</u>	<u>0.00</u>
Plan review (25% of permit fee)			<u>21.35</u>	
State surcharge (12% of permit fee)				<u>0.00</u>
TOTAL PERMIT FEE			<u>\$106.75</u>	<u>\$0.00</u>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Number of inspections allowed per permit.

Form B70-1002

REV 10/17

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE J:/BLDG DIV WG-8...



Development Department  
Building Division  
1100 NE Oregon Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

*ReIssue*

## OFFICE USE ONLY

Date Received: 05/28/2019	Permit No.: B2019-2256
Date Issued: 7-19-19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9843 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 6
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$292,561.54
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2199
Garage/carport area:	square feet 400
Covered porch area:	square feet 80
Deck area:	square feet 100
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$1,257.00
Amount received	628.98
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>[Signature]</i>	Date:
Print name: Chad E Davis	

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7-1-19	Permit No.: B2019-2840
Date Issued: 7-1-19	By: [signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4650 GALT RD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD 1 HEAT TRACE SYSTEM TO FIRE ALARM SYSTEM ONLY heat trace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: [signature]	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: FIRE SYSTEMS WEST	
Contact name: WALT OVENSTONE	
Address: 600 SE MARITIME AVE STE 300	
City/State/ZIP: VANCOUVER WA	
Phone: 360-683-9906	Fax:
E-mail: walt@firesystemswest.com	
CONTRACTOR	
Business name: SAMS AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 49732	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 4,800.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
[signature]	7/1/19



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2550  
Fax: (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 3-18-19 Permit No.: B2019-1070  
Date Issued: 3-1-19 By: *clm*  
Payment Type:

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 12720 SW Third Street  
City/State/ZIP: Beaverton / OR / 97005  
Suite/bldg./apt. no.: Project name: Beaverton Family Service  
Cross street/directions to job site: SW Angel Avenue and SW Third Street

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Convert the existing Seminary Building, E Occupancy to Family Services Offices, B Occupancy

☒ PROPERTY OWNER ☐ TENANT

Name: The Church of Jesus Christ of Latter-day Saints  
Address: C/O Scott Robison 14517 SW Cornerstone Lane  
City/State/ZIP: Sherwood / OR / 97140-7066  
Phone: (801) 718-1217 Fax:  
E-mail: robisonst@ldschurch.org

☒ APPLICANT ☒ CONTACT PERSON

Business name: John A. Stark, Architect LLC  
Contact name: John Stark  
Address: 2607 SW Sunset Blvd.  
City/State/ZIP: Portland / OR / 97239  
Phone: (503) 544-6840 Fax:  
E-mail: jsbellaopus@msn.com

### CONTRACTOR

Business name: Grow Construction  
Address: 13170 SW Wall St.  
City/State/ZIP: Tigard / OR / 97223  
Phone: 503 278 5332 Fax:  
CCB lic.: 191492

Authorized signature:

Print name:

John A. Stark

Date:

03/16/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 75,000.00

Existing building area: square feet 2072

New building area: square feet NC

Number of stories: 1

Type of construction: VB

Occupancy groups:

Existing: E

New: B

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$1,160.74

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

**ELECTRONIC SUBMITTAL**

SEE 1/BLDG DIV WO 8

**Beaverton**  
OREGON

Community Development Department  
Building Division  
2245 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 06/10/2019

Permit No.: B2019-2476

Date Issued: 7-2-19

By: *crew*

Payment Type:

### TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 8770 SW Nimbus Ave.

City/State/ZIP: Beaverton OR 97008

Suite/bldg./apt. no.: B

Project name: Keysight Sismic Rack

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Structural engineering for seismic connection of computer racks. This is a differed submittal for permit # B2019-1712

☐ PROPERTY OWNER

☒ TENANT

Name: Keysight

Address: 8770 SW Nimbus Ave Suite B

City/State/ZIP: Beaverton OR 97008

Phone: (818) 444-2950

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Commercial Contractors Inc

Contact name: Bryan Monroe

Address: 5573 S 1st Circle

City/State/ZIP: Ridgefield WA 98642

Phone: (503) 227-4440

Fax:

E-mail: bryan.monroe@ccigc.com

### CONTRACTOR

Business name: Commercial Contractors Inc

Address: 5573 S 1st Circle

City/State/ZIP: Ridgefield WA 98642

Phone: (503) 227-4440

Fax: 360-448-0456

CCB Lic.: 123729

Authorized  
signature:

Print name:

Bryan Monroe

Date:

06/10/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$1850.00

Existing building area: square feet 19507

New building area: square feet 650

Number of stories: 1

Type of construction: V-B

Occupancy groups:

Existing: B

New: B

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$251.56

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

## Permit Application

RECEIVED



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	Permit No.: B2019-1694
Date Issued: 1-11-19	By: <i>HK</i>
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: <i>Check</i>

## TYPE OF WORK

- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> New construction     | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

## CATEGORY OF CONSTRUCTION

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master bulder                       | <input type="checkbox"/> Other:                |

## JOB SITE INFORMATION AND LOCATION

Job site add: 17323 SW Dotterel Lane  
City/State/ZIP: BEAVERTON, OR  
Suite/bldg./apt. no.: LOT Project name: SOUTH COOPER MT.  
Cross street/directions to job site:  
Subdivision: SOUHT COOPER MT Lot no.: 179  
Tax map/parcel no.:

## DESCRIPTION OF WORK

NEW HOME

☒ PROPERTY OWNER☐ TENANT

Name: SK HOFF CONSTRUCTIO

Address: 735 SW 158TH AVE

City/State/ZIP: BEAVERTON, OR, 97006

Phone: (503) 319-6963

Fax: (503) 641-7661

E-mail: sguerrero@arborhomes.com

☐ APPLICANT☒ CONTACT PERSON

Business name: SK HOFF CONSTRUCTION

Contact name: SANDRO GUERRERO

Address: 735 SW 158TH AVE

City/State/ZIP: BEAVERTON, OR 97006

Phone: (503) 319-6963

Fax: (503) 641-7661

E-mail:

## CONTRACTOR

Business name: SK HOFF CONSTRUCTION

Address: 735 SW 158TH AVE

City/State/ZIP: BEAVERTON, OR 97006

Phone: (503) 641-7342

Fax: (503) 641-7661

CCB lic.: 121987

Authorized  
signature:

Print name:

Date:

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	377,008.96
Number. of bedrooms:	4
Number of bathrooms:	3-1/2
Total number of floors:	2
New dwelling area:	square feet 2908
Garage/carport area:	square feet 371
Covered porch area:	square feet 130
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	

## NOTICE

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## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6/28/2019  
Date issued: 6/28/2019  
Permit No.: B2019-2815  
Payment Type:

### TYPE OF WORK

- ☐ New construction  
☒ Addition/alteration/replacement  
☐ Demolition  
☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling  
☐ Accessory building  
☐ Master builder  
☐ Commercial/Industrial  
☐ Multi-family  
☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 17905 NW Waterfield Ct.  
City/State/ZIP: Beaverton, OR 97006  
Suite/bldg./apt. no.:  
Project name: OR140 Collins  
Cross street/directions to job site: Walker Rd.

Subdivision:  
Lot no.:

Tax map/parcel no.: 1N131CB13000

### DESCRIPTION OF WORK

Installings 8.45kw P.V. System on Roof  
26- Q. Peak 325-Watt  
13- APS YC600

### PROPERTY OWNER

☐ TENANT

Name: Ammon Collins  
Address: 17905 NW Waterfield Ct.  
City/State/ZIP: Beaverton, OR 97006  
Phone: 503-309-6353  
Fax:  
E-mail: ajcollins1976@msn.com

### APPLICANT

### CONTACT PERSON

Business name: Greenlight Solar & Roofing  
Contact name: Angie Olesen  
Address: 6115 E. 18th St.  
City/State/ZIP: Vancouver, WA 98661  
Phone: 503-336-1163  
Fax: 360-258-0092  
E-mail: angie@greenlight-solar.com

### CONTRACTOR

Business name: Greenlight Solar & Roofing  
Address: 6115 E. 18th St. Ste B  
City/State/ZIP: Vancouver, WA 98661  
Phone: 503-336-1163  
Fax: 360-258-0092  
CCB Lic.: 211333

Authorized signature:

Print name: Angie Olesen

Date: 6/18/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 4000.00

Number of bedrooms: 4

Number of bathrooms: 3

Total number of floors: 2

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
(503) 526-2443 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG8

## OFFICE USE ONLY

Date Received: 4-15-19	Permit No.: B2019-1536
Date Issued: 7-1-19	By: <i>JK</i>
	Payment Type: <i>Visa</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9100 SW Gemini Ave	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Form Factors
Cross street/directions to job site: SW Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INTERIOR TENANT IMPROVEMENTS OF APPROXIMATELY 560 SQUARE FEET ON THE FIRST FLOOR OF AN EXISTING WHOLE BUILDING TENANT. WORK TO INCLUDE NEW WALLS, A NEW DOOR, AND NEW CEILING TRACK AND CURTAIN.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Shorenstein - Rob Fabian	
Address: 5335 Meadows Road Suite 275	
City/State/ZIP: Lake Oswego OR 97035	
Phone: (503) 412-4844	Fax:
E-mail: rfabian@shorenstein.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mackenzie	
Contact name: Christine Mack	
Address: 1515 SE Water Ave Suite 100	
City/State/ZIP: Portland OR 97214	
Phone: (503) 224-9560	Fax:
E-mail: cmack@mcknze.com	
CONTRACTOR	
Business name: Russell Construction - Donn Sturdivant	
Address: 20915 SW 105th Ave	
City/State/ZIP: Tualatin OR 97062	
Phone: (503) 692-9002	Fax:
CCB lic.: 58918	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$53,000
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	1
Type of construction:	III-B
Occupancy groups:	B/F-1
Existing:	N/A
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$951.26
Amount received	
Date received:	

Authorized signature: *Christine Mack*

Print name:	Date:
Christine Mack	04/12/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
beavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

OFFICE USE ONLY	
Date Received: 06/21/2019	Permit No.: B2019-2690
Date Issued: 7-1-19	By: ML
CITY OF BEAVERTON	
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2035 SW 79th Ave	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Fraser 32620
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 6 Helical Piers	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Andy Fraser	
Address: 2035 SW 79th Ave.	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 708-9333	Fax:
E-mail: afraser@sockeye.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St.	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 718-4533	Fax:
CCB lic.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$12,150
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$160.97
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name:	

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7-1-19	Permit No.: B2019-0027
Date Issued: 7-1-19	By: CEM
	Payment Type: MIB

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |   |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 9945 SW Beaverton Hillsdale Hwy  
City/State/ZIP: Beaverton OR 97005  
Suite/bldg./apt. no.: Project name: Higher Ground  
Cross street/directions to job site:

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Installing 1/2" Fanfold insulation and 60 Mil TPO Membrane over a built up roof. We are mechanically attaching the insulation and Membrane.

- |  |                                 |
|--|---------------------------------|
| <input checked="" type="checkbox"/> PROPERTY OWNER | <input type="checkbox"/> TENANT |
|--|---------------------------------|

Name: Quattro Developement LLC  
Address: 1100 Jorie Blvd Suite 140  
City/State/ZIP: Oak Brook, Illinois 60523  
Phone: (630) 639-0952 Fax:  
E-mail:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> APPLICANT | <input type="checkbox"/> CONTACT PERSON |
|---|---|

Business name: Leak Seal Roofing  
Contact name: Adam Figueroa  
Address: 2518 NE 252nd Ave  
City/State/ZIP: Camas WA  
Phone: (360) 576-6826 Fax:  
E-mail: adam@leaksealroofing.com

### CONTRACTOR

Business name: Leak Seal Roofing  
Address: 2518 NE 252nd Ave  
City/State/ZIP: Camas WA  
Phone: (360) 576-6826 Fax:  
CCB lic.: 182423

Authorized signature:

Print name: Adam Figueroa Date: 6/27/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 15,000.00

Existing building area: square feet 6032

New building area: square feet

Number of stories: 1

Type of construction: Roofing

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6-4-19 Permit No.: B2019-2366  
Date Issued: 7-1-19 By: Cren  
Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6928 SW 67th Avenue	
City/State/ZIP: Portland, OR 97223	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Oleson Rd to Canby to SW 67th	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Back yard Deck.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Archer Walters	
Address: 6928 SW 67th Ave.	
City/State/ZIP: Portland, OR 97223	
Phone: (831) 245-9647	Fax:
E-mail: awalt25103@aol.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: HOMEOWNER	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Homeowner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	380 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$4,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$103.61
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Print name: Archer Walters	Date: 4/9/19

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 05/02/2019 Permit No.: B2019-1810  
Date Issued: 5.8.19 By: CM  
CITY OF BEAVERTON  
BUILDING DIVISION  
Payment Type:

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 5030 SW Rossi Terrace

City/State/ZIP: Beaverton OR 972005

Suite/bldg./apt. no.:

Project name: Lee-Olson

Cross street/directions to job site: Murray Blvd

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

installation of 6.030 kW photovoltaic system on the roof

☒ PROPERTY OWNER

☐ TENANT

Name: Robert Lee-Olson

Address: 5030 SW Rossi Terrace

City/State/ZIP: Beaverton OR 97005

Phone: 415-310-4140

Fax:

E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

### CONTRACTOR

Business name: A&R Solar

Address: 6800 NE 59th Place

City/State/ZIP: Portland OR 97218

Phone: 503-420-8680

Fax:

CCB lic.: 207641

Authorized signature:

Tina Kayser

Print name: Tina Kayser

Date: 08/08/18

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

207.20

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

APPROVED

ELECTRONIC SUBMITTAL

SEE I:/BLDG DIV-WG-8...

**Beaverton**  
OREGON

Building Department  
Building Division  
May / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 03/27/2019 Permit No.: B2019-1218  
Date Issued: 7-11-19 By: *clay*  
CITY OF BEAVERTON Payment Type:

### TYPE OF WORK

☐ New construction ☒ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 5005 SW Murray Blvd  
City/State/ZIP: Beaverton OR 97005  
Suite/bldg./apt. no.: Bldg 4 Project name: Stone Creek Apts.  
Cross street/directions to job site:  
SW Murray Blvd West of Farmington Rd  
Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Replace selective stairs (dry rot w/ver)  
Replace

### PROPERTY OWNER

### TENANT

Name: 5005 Apartments LLC  
Address: PO box 2968  
City/State/ZIP: Portland OR 97209  
Phone: 503 450 0230 Fax: 503 450 0241  
E-mail: jp@cresapts.com

### APPLICANT

### CONTACT PERSON

Business name: Steven Rauton Architect / llc  
Contact name: Steven Rauton  
Address: 6144 NE VERA ST  
City/State/ZIP: Portland, OR 97213  
Phone: 971 506 7436 Fax:  
E-mail: skrarchitect@gmail.com

### CONTRACTOR

Business name: TBD  
Address:  
City/State/ZIP:  
Phone: Fax:  
CCB lic.:

Authorized signature: *AR Rauton*

Print name: Steven Rauton Date: 3-25-19  
Steven Rauton Architect / llc

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: \$190,000  
Existing building area: square feet  
New building area: square feet  
Number of stories: 3  
Type of construction: V-T Mr.  
Occupancy groups:  
Existing: R2  
New: N/A

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE 1:BLDG DIV WG-8



Development Department  
Building Division  
11425 SW Beaverton-Hillsdale Hwy / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 6/26/2019	Permit No.: B2019-2749
Date Issued: 7-12-19	By: CA
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11425 SW Beaverton-Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Non-conforming upgrade Screen wall
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install painted sheet metal screen wall for existing mechanical unit. Design approved under DR2019-0027 BH	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Fred Meyer - Howard Bell	
Address: 3800 SE 22nd Ave.	
City/State/ZIP: Portland, OR 97219	
Phone: 503.797.3044	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction Services	
Contact name: Pam Deegan	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: 360.953.8517	Fax: 360.694.7818
E-mail: pam@westernconstruction.com	
CONTRACTOR	
Business name: Western Construction Services	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: 360.953.8517	Fax: 360.694.7818
CCB Lic.: 63717	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$30,000
Existing building area: 200 (Area of Work)	square feet
New building area:	N/A square feet
Number of stories:	
Type of construction:	V-B
Occupancy groups:	
Existing:	M
New:	No Change
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>Pamela A. Deegan</i>	Date:
Print name: Pamela A. Deegan	06.24.19

# Building Permit Application

APPROVED

ELECTRONIC SUBMITTAL

SEE I:/BLDG DIV WG-8...

Department  
Building Division  
Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**Beaverton**  
OREGON


RECEIVED

## OFFICE USE ONLY

Date Received: 03/27/2019	Permit No.: B2019-1219
Date Issued: 7-11-19	By: crew
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5005 SW Murray Blvd	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.: Bldg 7	Project name: Stone Creek Apts.
Cross street/directions to job site: SW Murray Blvd West of Farmington Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace selective stairs (any rot & sver) Replace	
PROPERTY OWNER	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: 5005 APARTMENTS LLC	
Address: po box 2969	
City/State/ZIP: portland OR 97209	
Phone: 503 450 0230	Fax: 503 450 0241
E-mail: jp@cresapts.com	
APPLICANT	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Steven Rauton Architect / llc	
Contact name: Steven Rauton	
Address: 6144 NE VERA ST	
City/State/ZIP: portland, OR 97213	
Phone: 971 506 7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: TBD	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$180,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	3
Type of construction:	V-T Mr.
Occupancy groups:	
Existing:	R2
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: 	Print name: Steven Rauton	Date: 3-25-18
Steven Rauton Architect / llc		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

## Building Permit Application

APPROVED



Development Department  
Building Division  
12725 SW Mumukshu Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

### OFFICE USE ONLY

Date Received: 03/26/2019	Permit No.: B2019-1200
Date Issued: 7/14/19	By: CLEM
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5005 SW Murray Blvd	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.: Bldg 3	Project name: Stone Creek Apts.
Cross street/directions to job site: SW Murray Blvd West of Farmington Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace selective stairs (dry rot issues) Replace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: 5005 APARTMENTS LLC	
Address: po box 2968	
City/State/ZIP: portland OR 97209	
Phone: 503 450 0230	Fax: 503 450 0241
E-mail: jp@cresapts.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Steven Rauton Architect / LLC	
Contact name: Steven Rauton	
Address: 6144 NE VERA ST	
City/State/ZIP: portland OR 97213	
Phone: 971 506 7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: TBD	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$180,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	3
Type of construction:	V-T Mr.
Occupancy groups:	
Existing:	R2
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,009.67
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: [Signature]

Print name: Steven Rauton	Date: 3-25-19
Steven Rauton Architect / LLC	



# ELECTRONIC SUBMITTAL Building Permit Application

SEE I:/BLDG DIV WG-8... Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 02/15/2019	Permit No.: B2019-0656
Date Issued: 4-24-19	By: CM
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12100 SW 173rd Terrace	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 177
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	364,476.40
Number of bedrooms:	4
Number of bathrooms:	3-1/2
Total number of floors:	2
New dwelling area:	square feet 2908
Garage/carport area:	square feet 360
Covered porch area:	square feet 130
Deck area:	square feet NO
Other structure area:	square feet NO
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,478.71
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Sandro Guerrero	02/12/19



# COB Revision/Tracking Building Permit Application

REV \_\_\_\_\_ Community Development Department

19-013 Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2550

Fax: (503) 526-2222

BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 04/18/2019 Permit No.: B2018-4973

Date Issued: 3-21-19 By: *clm*

CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

### TYPE OF WORK

- ☒ New construction ☐ Demolition
- ☐ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
- ☐ Accessory building ☐ Multi-family
- ☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 17236 SW Kite Ln

City/State/ZIP: Beaverton, Or 97007

Suite/bldg./apt. no.: Project name: SCHM

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 103

Tax map/parcel no.:

### DESCRIPTION OF WORK

NEW SFR

☒ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everetthomesnw.com

☒ APPLICANT

☒ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Jennifer Reilly

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everetthomesnw.com

### CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, Oregon 97210

Phone: jreilly@everetthomesnw.com

Fax:

CCB No.: 189447

Authorized signature:

*Jennifer Reilly*

Print name: Jennifer Reilly

Date: 4/16/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 199,501

Number of bedrooms: 2

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1542.34 square feet

Garage/carport area: 368.94 square feet

Covered porch area: 103.8 square feet

Deck area: 0 square feet 0

Other structure area: 0 square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups: R2

Existing:

New: Townhome

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# COB Revision/Tracking #. Building Permit Application

REV

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2550

Fax: (503) 526-2222

BeavertonOregon.gov

19-014

ELECTRONIC SUBMITTAL  
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RECEIVED

## OFFICE USE ONLY

Date Received: 04/18/2019	Permit No.: B2018-4977
Date Issued: 5-21-19	By: Clevy
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

### TYPE OF WORK

- ☒ New construction ☐ Demolition
- ☐ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
- ☐ Accessory building ☐ Multi-family
- ☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 17232 SW Kite Ln

City/State/ZIP: Beaverton, Or 97007

Suite/bldg./apt. no.:

Project name: SCHM

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 104

Tax map/parcel no.:

### DESCRIPTION OF WORK

NEW SFR

☐ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everetthomesnw.com

☒ APPLICANT

☒ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Jennifer Reilly

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everetthomesnw.com

### CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, Oregon 97210

Phone: jreilly@everetthomesnw.com

Fax:

CCB No.: 189447

Authorized signature:

*Jennifer Reilly*

Print name: Jennifer Reilly

Date: 4/16/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 199,501

Number of bedrooms: 2

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1542.34 square feet

Garage/carport area: 368.94 square feet

Covered porch area: 103.8 square feet

Deck area: 0 square feet 0

Other structure area: 0 square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups: R2

Existing:

New: Townhome

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# COB Revision/Tracking Building Permit Application

REV

Community Development Department

T 19-015

Building Division  
12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2550

Fax: (503) 526-2222

BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 04/18/2019

Permit No.: B2018-4978

Date Issued: 5-21-19

By: crew

CITY OF BEAVERTON

Payment Type:

BUILDING DIVISION

### TYPE OF WORK

- ☒ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 17226 SW Kite Ln

City/State/ZIP: Beaverton, Or 97007

Suite/bldg./apt. no.:

Project name: SCHM

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 105

Tax map/parcel no.:

### DESCRIPTION OF WORK

NEW SFR

☐ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everetthomesnw.com

☒ APPLICANT

☒ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Jennifer Reilly

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everetthomesnw.com

### CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, Oregon 97210

Phone: jreilly@everetthomesnw.com

Fax:

CCB Lic.: 189447

Authorized signature:

*Jennifer Reilly*

Print name: Jennifer Reilly

Date: 4/16/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 257,516

Number of bedrooms: 3

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1873.37 square feet

Garage/carport area: 453.14 square feet

Covered porch area: 107.93 square feet

Deck area: 0 square feet 0

Other structure area: 0 square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups: R2

Existing:

New: Townhome

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

## Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

### OFFICE USE ONLY

Date Received: 04/25/2019	Permit No.: B2019-1833
Date Issued: 5.22.19	By: CU
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12110 SW 173rd Terrace	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 176
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTIO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON ,OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

Authorized  
signature:

Print name:	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	344,349.49
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2618
Garage/carport area:	square feet 398
Covered porch area:	square feet 201
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Duplicate plan, 2336A Willow American, as  
Lot 155 (B2018-3990) both Garage Right

## OFFICE USE ONLY

Date Received: 05/02/2019	Permit No.: B2019-1825
Date Issued: 05/02/19	By: CM
CITY OF BEAVERTON	
Payment Type:	

### TYPE OF WORK

<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/allocation/replacement	<input type="checkbox"/> Other:

### CATEGORY OF CONSTRUCTION

<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 17323 SW Kite Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 116
Tax map/parcel no.:	

### DESCRIPTION OF WORK

NSFR

☒ PROPERTY OWNER

☐ TENANT

Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	

☒ APPLICANT

☒ CONTACT PERSON

Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	

### CONTRACTOR

Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB No.: 195307	

Authorized  
signature:

Print name: Juls Call	Date: 07/20/18
-----------------------	----------------

### BUILDING DIVISION

#### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	335,525.76
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2322 square feet
Garage/carport area:	439 square feet
Covered porch area:	122 square feet
Deck area:	square feet
Other structure area:	square feet

#### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

#### NOTICE

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#### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$694.90
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
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Development Department  
Building Division  
Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 05/16/2019	Permit No.: B2019-2102
Date Issued: 05/20/19	By: CM
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12120 SW Terrace	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.: LOT	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 175
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sgurrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB Lic.: 121987	

Authorized signature:

Print name:	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$376,147.96
Number, of bedrooms:	4
Number of bathrooms:	3-1/2
Total number of floors:	2
New dwelling area:	square feet 2908
Garage/carport area:	square feet 360
Covered porch area:	square feet 115
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



ELECTRONIC SUBMITTAL  
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Permit Application

Re-issued Plan Lot 136, B2018-4236,  
2479E Magnolia English



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

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OFFICE USE ONLY

Date Received: 04/01/2019  
Date Issued: 4/17/2019  
Permit No.: B2019-1298  
By: CU  
Payment Type:

CITY OF BEAVERTON

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17327 SW Kite Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 117
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195307	
Authorized signature:	Date:
Juls Call	07/20/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$316,673.55 \$328,305.51
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2479 square feet
Garage/carport area:	429 square feet
Covered porch area:	182 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$684.17
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application

**ELECTRONIC SUBMITTAL**  
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Development Department  
Building Division  
kan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 VTDD  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 05/22/2019	Permit No.: B2019-2180
Date Issued: 0.27.19	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16285 SW Jade View Way	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Beard to Nora, S. on Diamond View, L on Jade View	
Subdivision: Jadeview	Lot no.: 5
Tax map/parcel no.: 1S129CB1 006900	
DESCRIPTION OF WORK	
New Home	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Gertz Construction Co Inc	
Address: 19200 SW 46th Ave	
City/State/ZIP: Tualatin, OR 97062-8770	
Phone: (503) 692-3390	Fax: (503) 692-5433
E-mail: Ken@Gertzco.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Gertz Construction Co Inc	
Contact name: Ken Gertz	
Address: 19200 SW 46th Ave	
City/State/ZIP: Tualatin, OR 97062-8770	
Phone: (503) 692-3390	Fax: (503) 692-5433
E-mail: Ken@Gertzco.com	
CONTRACTOR	
Business name: Gertz Construction Co Inc	
Address: 19200 SW 46th Ave	
City/State/ZIP: Tualatin, OR 97062-8770	
Phone: (503) 692-3390	Fax: (503) 692-5433
CCB lic.: 34350	
Authorized signature: [Signature]	
Print name: Ken Gertz	Date: 05/20/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$365,817.50
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	square feet 2793
Garage/carport area:	square feet 464
Covered porch area:	square feet
Deck area:	square feet 56
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,481.77
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	7/12/2019	Permit No.:	2019-2993
Date Issued:		By:	
		Payment Type:	

### TYPE OF WORK

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> New construction                | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 15310 SW Village Lane

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

☐ PROPERTY OWNER

☐ TENANT

Name: Debbie Wagner

Address: 15310 SW Village Lane

City/State/ZIP: Beaverton

Phone: 925 808 9972 Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

### CONTRACTOR

Business name: Fine Craft Masonry

Address: 7246 SE HARMONY DR

City/State/ZIP: Milwaukie 97222

Phone: 971 404 8584 Fax:

CCB lic.: 113066

Authorized signature:

Print name: Kris Foubert

Date:

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

469.33

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	7/11/2019	Permit No:	B2019-2969
Date Issued:	7/11/2019	By:	BL
		Payment Type:	

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |   |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 12725 SW Milikan Way  
City/State/ZIP: Beaverton / Oregon / 97005  
Suite/bldg./apt. no.: Suite 220 Project name: Congressional Office  
Cross street/directions to job site: SW Rose Biggi Ave and SW Milikan Way  
*Bonamici*  
Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Addition of storefront glass wall with door between the waiting area and office for security. The new door will have a magnetic access card reader.

### ☐ PROPERTY OWNER

### ☒ TENANT

Name: Gary Thompson  
Address: 12725 SW Millikan Way  
City/State/ZIP: Beaverton, OR 97176  
Phone: (971) 246-0197 Fax: (503) 350-4052  
E-mail: gthompson@beavertonoregon.gov

### ☒ APPLICANT

### ☐ CONTACT PERSON

Business name: Yost Grube Hall Architecture  
Contact name: Crystal Sanderson  
Address: 707 SW Washington St. Suite 1200  
City/State/ZIP: Portland, OR 97205  
Phone: (503) 715-3225 Fax:  
E-mail: crystals@ygh.com

### CONTRACTOR

Business name: *City of Beaverton*  
Address:  
City/State/ZIP:  
Phone: Fax:  
CCB lic.:

Authorized signature:

Print name: *GARY THOMPSON*

Date:

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

*\$20,000*

Existing building area: square feet 120

New building area: square feet 0

Number of stories: 5

Type of construction: IB

Occupancy groups: B

Existing: B

New: B

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application *943.61*

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV/WG 8



City of Beaverton Development Department  
Building Division  
12735 SW Coulter Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 06/14/2019	Permit No.: B2019-2579
Date Issued: 7-12-19	By: Clem
	Payment Type: USA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14870 SW Davis Rd	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Lux Addition
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demolition of family room and bath wing. Addition of master suite and family room wing.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: JEFFERY LUX	
Address: 14870 SW DAVIS RD	
City/State/ZIP: BEAVERTON, OREGON	
Phone: 503-267-5312	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: JEFFERY LUX	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: Home Owner	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	127,848.24
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet 1044
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	901.98
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name: JEFFERY LUX	



## Building Permit Application

Community and Economic Development  
PO Box 4755, Beaverton, OR 97076  
Phone: (503) 526-2403; Fax: (503) 526-2550  
Internet address: [www.BeavertonOregon.gov](http://www.BeavertonOregon.gov)

### OFFICE USE ONLY

Date Received: 07/11/2019

Permit No. B2019-2971

Date Issued:

Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9100 SW Gemini Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 1st floor	Project name: Cybertron Expansion
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fire alarm devices in suite per plans.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Capitol Electric Company, Inc.	
Address: 11401 NE Marx Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 255-1966
CCB Lic.: 48748	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$810
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$115.42
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

rev 07/13

Authorized signature:	
Print name:	Date:
Shane Tercek NICET Level III, Fire Alarms	07/10/19

# Building Permit Application

APPROVED

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

Beaverton  
OREGON

Development Department  
Building Division  
1000 SW 1st Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 06/12/2019 Permit No. B2019-2535  
Date Issued: 7/11/2019  
CITY OF BEAVERTON Payment Type:

## BUILDING DIVISION

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$50,000

Existing building area: square feet N/A

New building area: square feet 70,000

Number of stories: 4 (hotels); 1 (restaurants)

Type of construction: Hotel

Occupancy groups:

Existing: N/A

New: Residential Group R-1

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$361.05

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

### TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15655 NW BLUERIDGE DR

City/State/ZIP: Beaverton, OR

Suite/bldg /apt. no.:

Project name: Cornell Oaks Hotels

Cross street/directions to job site: Parcels between NW 158th Ave, NW Blueridge Dr, and NW Greenbrier Pkwy

Subdivision:

Lot no.: 01200, 01100, 01000

Tax map/parcel no.: 1N132CA

### DESCRIPTION OF WORK

Construction of underground fire lines for the Element, Marriott AC, and two restaurant buildings.

☒ PROPERTY OWNER

☐ TENANT

Name: Bob Kellam, Brandt Hospitality Group

Address: 2640 47th Street S

City/State/ZIP: Fargo, ND 58104

Phone: (701) 551-8907

Fax:

E-mail: bob.kellam@brandthg.com

☒ APPLICANT

☒ CONTACT PERSON

Business name: Kimley-Horn & Associates

Contact name: Ryan Blaser

Address: 215 South State Street, Suite 400

City/State/ZIP: Salt Lake City, UT 84111

Phone: (385) 831-2007

Fax:

E-mail: ryan.blaser@kimley-horn.com

### CONTRACTOR

Business name: Goodfellow Bros. LLC

Address: 7515 NE Ambassador Pl., Suite E

City/State/ZIP: Portland, OR 97220

Phone: (360) 979-3252

Fax:

CCB lic.: 222458

Authorized signature:

Print name:

Date:

6/12/19

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2040  
Date Issued: 7/11/2019 By: [Signature]  
Payment Type:

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☒ Other: [Signature]

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15276 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Suite/bldg./apt. no.: (30) 15276 Project name: Andover Park  
Cross street/directions to job site: Teal Blvd

Subdivision: R5 Lot no.: 151320000400  
Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. (changing  
1/8 cedar + 1/8 with 1/2 9.25" (8" exposure)  
hand: plank cedar mill lap siding)

### PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC  
Address: 15242 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Phone: 533-852-6465 Fax: 949-272-6798  
E-mail: slott.alexander@primegrp.com

### APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 5009 Apt E Foothills Blvd Rd  
City/State/ZIP: Lake Oswego, OR 97304  
Phone: 415-519-0110 Fax: 949-272-6795  
E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant  
Address:  
City/State/ZIP:  
Phone: 225537 Fax:  
CCB lic.: 225537

Authorized  
signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2042  
Date Issued: 7/11/2019 Payment Type:

### TYPE OF WORK

☐ New construction ☐ Demolition  
☒ Addition/allocation/replacement ☒ Other: kitchen

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15284 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Suite/bldg./apt. no.: (31) 15284 Project name: Andover Park  
Cross street/directions to job site:  
Teal Blvd

Subdivision: R5 Lot no.: 151320000400  
Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. (changing  
1x8 cedar + 1x9 with 1x9.75" (8" exposure)  
handie plank cedar mill lap siding)

### PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC  
Address: 15282 SW Teal Blvd  
City/State/ZIP: Beaverton, OR 97007  
Phone: 533-857-6465 Fax: 949-272-6798  
E-mail: slaff.alexander@primegrp.com

### APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 5009 Apt F Foothills Blvd Rd  
City/State/ZIP: Lake Oswego, OR 97304  
Phone: 415-519-0110 Fax: 949-272-6795  
E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant  
Address:  
City/State/ZIP:  
Phone: Fax:  
CCB lic.: 225537

Authorized  
signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number, of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet  
New building area: square feet  
Number of stories:  
Type of construction:  
Occupancy groups:  
Existing:  
New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed, if the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2037  
Date Issued: 7/1/2019 Payment Type:

### TYPE OF WORK

☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☒ Other: Kitchen

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15278 SW Teal Blvd  
City/State/ZIP: Beaverton OR, 97007  
Suite/bldg./apt. no.: 2715278 Project name: Andrew Park  
Cross street/directions to job site:  
Teal Blvd

Subdivision: R5 Lot no.: 151320000400

Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. (changing  
1x8 cedar + 1x9 with 1x9.75" (6" exposure)  
handie plank cedar mill lap siding)

### PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC  
Address: 15278 SW Teal Blvd  
City/State/ZIP: Beaverton, OR 97007  
Phone: 503-852-6465 Fax: 949-272-6798  
E-mail: staff@arrowbuilding.com

### APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 5009 Apt F Foothills Blvd Rd  
City/State/ZIP: Lake Oswego, OR 97034  
Phone: 415-519-0110 Fax: 949-272-6795  
E-mail: gabe@arrowbuilding.com

### CONTRACTOR

Business name: same as applicant  
Address:  
City/State/ZIP:  
Phone: Fax:  
CCB No.: 225537

Authorized signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 01/19/2019 Permit No.: B2019-1974  
Date Issued: 7/11/2019  
Payment Type:

### TYPE OF WORK

☐ New construction ☐ Demolition

☒ Addition/alteration/replacement ☐ Other: *Asli*

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial

☐ Accessory building ☒ Multi-family

☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15220 SW Teal Blvd

City/State/ZIP: Beaverton OR 97007

Sub/bldg./apt. no.: (8) 15220 Project name: Andover Park

Cross street/directions to job site:

Teal Blvd

Subdivision: R5

Lot no.: 151320000400

Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. Changing  
1x8 cedar + 3/4" with 1x9.25" (8" exposure)  
handie plank cedar mill lap siding

### PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC

Address: 15242 SW Teal Blvd

City/State/ZIP: Beaverton, OR 97007

Phone: 533 852-6465 Fax: 949-272-6798

E-mail: slott.alex@primegrp.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC

Contact name: Gabe Mackillop

Address: 5009 Apt E Foothills Blvd Rd

City/State/ZIP: Lake Oswego, OR 97304

Phone: 415-519-0110 Fax: 949-272-6795

E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant

Address:

City/State/ZIP:

Phone:

Fax:

CCB No.: 225537

Authorized signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7/11/2019 Permit No: B2019-1972  
Date Issued: 7/11/2019 Payment Type:

### TYPE OF WORK

☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☒ Other: Siding

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15218 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Suite/bldg./apt. no.: 715218 Project name: Andover Park  
Cross street/directions to job site:

Teal Blvd

Subdivision: R5 Lot no.: 15132000400  
Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. (Changing  
1x8 cedar + 1x6 with 9.25" (8" exposure)  
handie plank cedar mill lap siding)

### PROPERTY OWNER

☒ PROPERTY OWNER ☐ TENANT  
Name: Prime Teal, LLC  
Address: 15218 SW Teal Blvd  
City/State/ZIP: Beaverton, OR 97007  
Phone: 533-852-6465 Fax: 949-272-6798  
E-mail: slott.alexander@primegrp.com

### APPLICANT

☒ APPLICANT ☐ CONTACT PERSON  
Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 5009 Apt E Foothills Rd  
City/State/ZIP: Lake Oswego, OR 97304  
Phone: 415-519-0110 Fax: 949-272-6795  
E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant  
Address:  
City/State/ZIP:  
Phone: 225-537 Fax:

CCB lic.: 225-537

Authorized  
signature:

*Gabe Mackillop*

Print name:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed.  
Indicate the value (rounded to the nearest dollar) of all equipment,  
materials, labor, overhead, and the profit for the work indicated on  
this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed.  
Indicate the value (rounded to the nearest dollar) of all equipment,  
materials, labor, overhead, and the profit for the work indicated on  
this application.

#### Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with  
the Oregon Construction Contractors Board under ORS 701 and  
may be required to be licensed in the jurisdiction in which work is  
being performed. If the applicant is exempt from licensing, the  
following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

1,186.10

Amount received

Date received:

This permit application expires if a permit is not obtained  
within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building  
Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 5/9/2019	Permit No: 152019-1970
Date Issued: 7/11/2019	By: [Signature]
Payment Type:	

### TYPE OF WORK

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Kitchen

### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15222 SW Teal Blvd	Project name: Andover Park
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: 15222	
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	

### DESCRIPTION OF WORK

100% Siding replacement. (changing  
1x8 cedar + 1x9 with 1x8 1/2" (8" exposure)  
hand: plank cedar mill lap siding

### PROPERTY OWNER

### TENANT

Name: Prime Teal, LLC	
Address: 15242 SW Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 533 852-6465	Fax: 949-272-6798
E-mail: scott.alkin@primegrp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON

Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt F Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	

### CONTRACTOR

Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	

Authorized signature: [Signature]

Print name: Gabriel Mackillop

Date: 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

80,105-

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

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### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

1,186.10

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 V/TDD

BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 07/10/2019

Permit No: B2019-2952

Date Issued:

Payment Type:

CITY OF BEAVERTON  
BUILDING DIVISION

### TYPE OF WORK

☐ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15835 SW Bridle Hills Drive

City/State/ZIP: Beaverton, OR 97007

Suite/bldg./apt. no.:

Project name: Keifer Residence

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

4.75 kW AC Roof mounted solar system

☒ PROPERTY OWNER

☐ TENANT

Name: Andrea Keifer

Address: 15835 SW Bridle Hills Drive

City/State/ZIP: Beaverton, OR 97007

Phone: (503) 887-0728

Fax:

E-mail: mamak1717@yahoo.com

☐ APPLICANT

☐ CONTACT PERSON

Business name: Elemental Energy

Contact name: John Grieser

Address: 6819 SE Foster Rd

City/State/ZIP: Portland, OR 97206

Phone: (503) 967-5786

Fax:

E-mail: permits@elementalenergy.net

### CONTRACTOR

Business name: Elemental Energy

Address: 6819 SE Foster Rd

City/State/ZIP: Portland, OR 97206

Phone: (503) 967-5786

Fax:

CCB lic.: 195141

Authorized  
signature:

Print name:

Date:

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$7,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

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### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application 128.80

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**OFFICE USE ONLY**

Date Received: 7/10/2019 Permit No: B2019.2964  
Date Issued: 7/10/2019 By: [Signature]  
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13855 Secretariat Lane	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Permit for demolition of fire damage	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ruben Valdez	
Address: 13855 SW Secretariat Lane	
City/State/ZIP: Beaverton, OR 97008	
Phone: 405-664-7605	Fax:
E-mail: rubenvaldez3557@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

Authorized  
signature:

Print name: Ruben Valdez

Date: 10 Jul 2019

**REQUIRED DATA: 1- AND 2-FAMILY DWELLING**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$17,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

**REQUIRED DATA: COMMERCIAL-USE CHECKLIST**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

**NOTICE**

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**BUILDING PERMIT FEES\***

Please refer to fee schedule

Fees due upon application

278.20

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 12-11-18	Permit No.: B2018-5880
Date Issued: 7/10/2019	Payment Type:

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |   |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master bulder            | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 14831 SW Teal Blvd.  
City/State/ZIP: Beaverton, OR 97007  
Suite/bldg./apt. no.: Project name: Murrayhill Veter. Hosp.  
Cross street/directions to job site: SW Teal Blvd & SW Murray Blvd

Subdivision: (Murrayhill Marketplace) Lot no.:  
Tax map/parcel no.: 1S132AD00300

### DESCRIPTION OF WORK

Interior expansion w/ minor renovation in existing suite consisting of existing office (group 'B' Occupancy). Existing electrical service to remain. Existing mechanical roof top units to remain with new ductwork in expansion area. Existing suite will have minor reworking of exist. ductwork.

- |  |                                 |
|--|---------------------------------|
| <input checked="" type="checkbox"/> PROPERTY OWNER | <input type="checkbox"/> TENANT |
|--|---------------------------------|

Name: Regency Centers  
Address: 5335 sw Meadows suite 295  
City/State/ZIP: Lake Oswego OR 97035  
Phone: (503) 890-4542 Fax:  
E-mail: ryansextton@regencycenters.com

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> APPLICANT | <input type="checkbox"/> CONTACT PERSON |
|---|---|

Business name: MD Architects  
Contact name: Dave Russell  
Address: 9084 Technology Drive; Suite 200  
City/State/ZIP: Fishers, IN 46038  
Phone: (317) 558-2822 Fax:  
E-mail: daver@mdarchitects.com

### CONTRACTOR

Business name: ALEGIS CONSTRUCTION  
Address: 12909 SW 68TH PKWY  
City/State/ZIP: PORTLAND OR 97223  
Phone: 503 713 9757 Fax:  
CCB lic.: CCB # 191468

Authorized signature:

Print name: ALEX MALLETT

Date: 7/10/2019

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$915,000  
Existing building area: square feet 155575  
New building area: square feet  
Number of stories: 2 stories (at project location)  
Type of construction: Type V (Sprinklered)  
Occupancy groups: Animal Hospital - Business 'B'  
Existing: 4,677 sf (ex)  
New: 1,858 (expansion) = 6,535 overall

### NOTICE

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### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$7,125.79  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	7/10/2019	Permit No:	B2019-2957
Date Issued:		By:	
		Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <i>Non Structural Commercial Roof</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>9055 SW Murray Blvd.</i>	
City/State/ZIP: <i>Beaverton, OR 97008</i>	
Suite/bldg./apt. no.:	Project name: <i>Wal Mart #3050</i>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Non-Structural roofing - See Attached scope for detailed description.</i>	
<input checked="" type="checkbox"/> <b>PROPERTY OWNER</b>	<input type="checkbox"/> <b>TENANT</b>
Name: <i>Wal-Mart</i>	
Address: <i>1300 East Eighth Street</i>	
City/State/ZIP: <i>Bentonville, AR 72716</i>	
Phone: <i>479-273-4000</i>	Fax: <i>N/A</i>
E-mail: <i>Ashley.Aye@wal-mart.com</i>	
<input checked="" type="checkbox"/> <b>APPLICANT</b>	<input type="checkbox"/> <b>CONTACT PERSON</b>
Business name: <i>North American Roofing Services, Inc.</i>	
Contact name: <i>Thomas Brouillard</i>	
Address: <i>14025 Riveredge Dr. Suite 600</i>	
City/State/ZIP: <i>Tampa, FL 33637</i>	
Phone: <i>813.773.1418</i>	Fax: <i>N/A</i>
E-mail: <i>Permit@NARoofing.Com</i>	
CONTRACTOR	
Business name: <i>North American Roofing Services, Inc.</i>	
Address: <i>14025 Riveredge Dr. Suite 600</i>	
City/State/ZIP: <i>Tampa, FL 33637</i>	
Phone: <i>813.773.1418</i>	Fax: <i>N/A</i>
CCB lic.: <i>130112</i>	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation *208,711.51*

Existing building area: *ROOF 74,789* square feet

New building area: *0* square feet

Number of stories: *1*

Type of construction:

Occupancy groups:

Existing:

New: *no occupancy or use change*

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	<i>2,512.99</i>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

*Thomas Brouillard*

Date:

*7/10*

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
BeavertonOregon.gov

APPROVED

RECEIVED

OFFICE USE ONLY

Date Received: 06/20/2019	Permit No.: B2019-2656
Date Issued: 7-10-19	By: <i>ML</i>
CITY OF BEAVERTON	Payment Type: <i>Discover</i>

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: <i>Clubhouse</i>
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>14255 SW 64th St.</i>	
City/State/ZIP: <i>Beaverton OR 97005</i>	
Suite/bldg./apt. no.:	Project name: <i>Clubhouse</i>
Cross street/directions to job site: <i>64th Murray</i>	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

Re-frame wall to accommodate tree

PROPERTY OWNER	
Name: <i>Carol Mooney</i>	Address: <i>Mainfinch Creek at Westbrook</i>
City/State/ZIP:	
Phone: <i>503-504-5533</i>	Fax:
E-mail:	

CONTACT PERSON	
Business name: <i>Greg Lee Construction</i>	
Contact name: <i>Lindsay Burgin</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	

CONTRACTOR	
Business name: <i>Greg Lee Construction</i>	
Address: <i>11170 SW Toland St.</i>	
City/State/ZIP: <i>Tigard OR 97223</i>	
Phone: <i>503-944-9718</i>	Fax:
CCB No.: <i>206852</i>	

Authorized signature: <i>Greg Lee</i>	Date: <i>6/18/19</i>
Print name: <i>Greg Lee</i>	

REQUIRED DATA - 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA - COMMERCIAL USE CHANGES	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>\$9150</i>
Existing building area:	<i>6</i> square feet
New building area:	<i>6</i> square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	<i>\$285.65</i>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 03/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2498 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE 1:/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 06/18/2019 Permit No.: B2019-2613  
Date Issued: 7/10/2019  
CITY OF BEAVERTON Building Division Payment Type:

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 7305 SW HYLAND COURT

City/State/ZIP: BEAVERTON, OR 97008

Suite/bldg./apt. no.:

Project name: HYLAND COURT DECK

Cross street/directions to job site: SW HART ROAD

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

REPLACING DECKING BOARDS AND JOISTS ON AN EXISTING DECK

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name: RIGHT GUYS FRAMING

Contact name: JORGE SOTO

Address: PO BOX 30131

City/State/ZIP: PORTLAND, OR 97294

Phone: (503) 207-1146

Fax:

E-mail: JORGE@RIGHTGUYSFRAMING.COM

### CONTRACTOR

Business name: RIGHT GUYS FRAMING

Address: PO BOX 30131

City/State/ZIP: PORTLAND OR 97294

Phone: (503) 207-1146

Fax:

CCB lic.: 224917

Authorized  
signature:

Print name:

Date:

JORGE SOTO

06/13/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$15,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$232.43

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1: BLDG DIV WG-8...



Development Department  
Building Division  
1100 NE Oregon Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 07/17/2019 Permit No.: B2019-3045  
Date Issued: 7-25-19 By: *HL*  
CITY OF BEAVERTON Payment Type: *AMX*

## BUILDING DIVISION

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: 400 square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$290.98

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

### TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☒ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 5065/5045 SW NORMANDY

City/State/ZIP: BEAVERTON, OR 97005

Suite/bldg./apt. no.:

Project name: WESTBROOK 5065/504

Cross street/directions to job site: MURRAY & 6TH ST

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

REMOVE OLD CARPORT ROOFS  
INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL

☐ PROPERTY OWNER

☐ TENANT

Name: CAROL MOONEY - WESTBROOK MAINTENANCE CHAIR

Address:

City/State/ZIP:

Phone: (503) 504-5533

Fax:

E-mail:

☐ APPLICANT

☒ CONTACT PERSON

Business name: GREG LEE CONSTRUCTION

Contact name: LINDSEY BERGIN

Address: 11170 SW TORLAND ST

City/State/ZIP: TIGARD OR 97223

Phone: (503) 941-9718

Fax:

E-mail: LINDSEY@GREGLEEROOFING.COM

### CONTRACTOR

Business name: SAME AS ABOVE

Address:

City/State/ZIP:

Phone:

Fax:

CCB Lic.: 206852

Authorized signature:

Print name:

Date:

7/10/19

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**Beaverton**  
OREGON

**OFFICE USE ONLY**

Date Received: 05/31/2019 Permit No.: B2019-2326  
Date Issued: 7-25-19 By: ML  
CITY OF BEAVERTON Payment Type: Check  
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5240 SW Dover Ln	
City/State/ZIP: Portland / Oregon / 97225	
Suite/bldg./apt. no.:	Project name: Peterson Home Addition
Cross street/directions to job site: Second Lot South of the intersection of SW Dover Ln & SW Dover St on the East side of Dover Ln	
Subdivision: Hemstreet Heights	Lot no.: R99654
Tax map/parcel no.: 1S113DA04600	
DESCRIPTION OF WORK	
Addition of Master Suite, Bedroom, Bathroom, and Multipurpose Room on front of existing single family home.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Josh & Natalie Peterson	
Address: 5240 SW Dover Ln	
City/State/ZIP: Portland / Oregon / 97225	
Phone: (503) 729-2143	Fax:
E-mail: joshuap@gbdarchitects.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: ELP DESIGN	
Contact name: Josh Peterson	
Address: 5240 SW Dover Ln	
City/State/ZIP: Portland / Oregon / 97225	
Phone: (503) 729-2143	Fax:
E-mail: joshuap@gbdarchitects.com	
CONTRACTOR	
Business name: Cutty Hyde Construction	
Address: 2725 NE 17th Ave	
City/State/ZIP: Portland / Oregon / 97212	
Phone: (503) 720-0930	Fax:
CCB lic.: 119731	

**REQUIRED DATA: 1- AND 2-FAMILY DWELLING**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$153,567.84
Number of bedrooms:	3 existing / 2 new
Number of bathrooms:	1.5 existing / 2 new
Total number of floors:	1
New dwelling area:	square feet 1254
Garage/carport area:	square feet 450
Covered porch area:	square feet n/a
Deck area:	square feet n/a
Other structure area:	square feet n/a

**REQUIRED DATA: COMMERCIAL-USE CHECKLIST**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

**NOTICE**

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

**BUILDING PERMIT FEES\***

Please refer to fee schedule


Fees due upon application	\$1,102.43
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: 

Print name: Josh A Peterson Date: 05/23/19

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8...



Development Department  
Building Division  
1000 SW 10th Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 07/17/2019	Permit No.: B2019-3046
Date Issued: 7-25-19	By: <i>ML</i>
CITY OF BEAVERTON	Payment Type: <i>AMX</i>

## BUILDING DIVISION

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: *400* square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$209.01
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

### TYPE OF WORK

- ☐ New construction ☐ Demolition
- ☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial
- ☐ Accessory building ☐ Multi-family
- ☐ Master builder ☒ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 5032 SW NORMANDY

City/State/ZIP: BEAVERTON, OR 97005

Suite/bldg./apt. no.: Project name: WESTBROOK 5032

Cross street/directions to job site: MURRAY & 6TH ST

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

REMOVE OLD CARPORT ROOFS  
INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL

☐ PROPERTY OWNER ☐ TENANT

Name: CAROL MOONEY - WESTBROOK MAINTENANCE CHAIR

Address:

City/State/ZIP:

Phone: (503) 504-5533 Fax:

E-mail:

☐ APPLICANT ☒ CONTACT PERSON

Business name: GREG LEE CONSTRUCTION

Contact name: LINDSEY BERGIN

Address: 11170 SW TORLAND ST

City/State/ZIP: TIGARD OR 97223

Phone: (503) 941-9718 Fax:

E-mail: LINDSEY@GREGLEEROOFING.COM

### CONTRACTOR

Business name: SAME AS ABOVE

Address:

City/State/ZIP:

Phone: Fax:

CCB Lic.: 206852

Authorized signature:

Print name:

Date:

*Greg Lee*  
*Greg Lee*

*7/10/19*



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
BeavertonOregon.gov

**ELECTRONIC SUBMITTAL**  
SEE 1:/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 07/10/2019	Permit No.: B2019-2951
Date Issued: 7-23-19	By: <i>JK</i>
CITY OF BEAVERTON	
Payment Type: Visa	

## BUILDING DIVISION

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |   |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master bulder            | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 15220 NW Greenbrier Parkway  
City/State/ZIP: Beaverton OR 97006  
Suite/bldg./apt. no.: 245 Project name: Hawkridge Systems  
Cross street/directions to job site:

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Demo non-structural partitions  
Construct non-structural partitions  
Install Doors/Relights  
Install Casework

☒ PROPERTY OWNER ☐ TENANT

Name: Lincoln Property Company  
Address: 1211 Sw 5th Ave Suite 700  
City/State/ZIP: Portland OR 97204  
Phone: (503) 224-1193 Fax:  
E-mail: LMorrison@LPC.com

☒ APPLICANT ☐ CONTACT PERSON

Business name: Commercial Contractors Inc  
Contact name: Jake Money  
Address: 5573 S 1st Circle  
City/State/ZIP: Ridgefield WA 98642  
Phone: (503) 227-4440 Fax:  
E-mail: jake@ccigc.com

### CONTRACTOR

Business name: Commercial Contractors Inc  
Address: 5573 S 1st Circle  
City/State/ZIP: Ridgefield WA 98642  
Phone: (503) 227-4440 Fax:  
CCB lic.: 123729

Authorized signature: *Jake Money*

Print name: Date:

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$48,064

Existing building area: square feet 169139

New building area: square feet 5306

Number of stories: 3

Type of construction: III-B

Occupancy groups:

Existing: B

New: B

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$908.75

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7-25-19	Permit No.: B2019-3147
Date Issued: 7-25-19	By: <i>ML</i>
	Payment Type: <i>MC</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8555 SW Apple Way	
City/State/ZIP: Portland/ OR/ 97225	
Suite/bldg./apt. no.: 330	Project name: Tri-Talent Funding
Cross street/directions to job site: SW Apple Way & Beaverton-Hillsdale Highway (Rt 10)	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Expansion of existing offices, adding break room, file and copy rooms, and secure server room. New interior walls, doors, relites, and casework. Existing suspended ceiling to remain.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: AAA represented by Doug Bean & Associates	
Address: 1211 SW Fifth Ave., Ste. 1440	
City/State/ZIP: Portland/ OR/ 97204	
Phone: (503) 222-5100	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Ankrom Moisan Architects, Inc.	
Contact name: Roberta Pennington	
Address: 38 NW Davis St., Ste. 300	
City/State/ZIP: Portland/ OR/ 97209	
Phone: (503) 952-1347	Fax:
E-mail: robertap@ankrommoisan.com	
CONTRACTOR	
Business name: Summit Construction	
Address: P.O. Box 10345	
City/State/ZIP: Portland/ OR/ 97296	
Phone: (503) 223-9703	Fax: (503) 242-3841
CCB lic.: 63249	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$75,000
Existing building area:	square feet
New building area:	square feet n/a
Number of stories:	4
Type of construction:	V-B
Occupancy groups:	
Existing:	B
New:	B

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>Roberta E. Pennington</i>	Date:
Print name: Roberta E. Pennington	07/23/19

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
City Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

*Re Issue*

RECEIVED

## OFFICE USE ONLY

Date Received: 05/28/2019	Permit No.: B2019-2255
Date Issued: 7-24-19	By: <i>clerk</i>
CITY OF BEAVERTON	Payment Type: <i>check</i>

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9835 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Sublot/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$292,561.54
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2199
Garage/carport area:	square feet 400
Covered porch area:	square feet 80
Deck area:	square feet 100
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1257.96
Amount received	628.98
Date received:	

Authorized signature: *Chad E Davis*

Print name: Chad E Davis	Date:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 07/24/2019	Permit No.: B2019-3166
Date Issued: 7-24-19	By: <i>HL</i>
CITY OF BEAVERTON	Payment Type: Visa

## BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7200 SW Benz Park Dr	
City/State/ZIP: Portland, OR, 97229	
Suite/bldg./apt. no.:	Project name: Nagler Residence
Cross street/directions to job site: 1 block North of Hwy 8 on Benz Park Dr	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S112AB02000	
DESCRIPTION OF WORK	
Kitchen remodel including 1) removal of bearing wall and replacement with beam 2) cut out and installation of 2 new windows 3) electrical, plumbing and mechanical associated with kitchen remodel.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Gabe Nagler	
Address: 7200 SW Benz Park Dr	
City/State/ZIP: Portland, OR, 97225	
Phone: 541 844 8405	Fax:
E-mail: gabenagler@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Gabe Nagler	
Address: 7200 SW Benz Park Dr	
City/State/ZIP: Portland, OR, 97225	
Phone: 541 844 8405	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	8000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$365.15
Amount received	
Date received:	

Authorized signature: <i>Gabe Nagler</i>	Date: 7/24/19
Print name: Gabe Nagler	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7-24-19	Permit No.: 32019-3170
Date Issued: 7-24-19	By: MK
	Payment Type: VISA

### TYPE OF WORK

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:

### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 4590 SW Watson Ave Beaverton, OR  
City/State/ZIP: Beaverton, OR 97005  
Suite/bldg./apt. no.: Project name: Dr Mason  
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Roof Replacement TPO

☐ PROPERTY OWNER

☐ TENANT

Name: Travis Henry  
Address: 4550 SW Watson Ave  
City/State/ZIP: Beaverton, OR 97005  
Phone: 503-926-4613 Fax:  
E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Greater Purpose Construction  
Contact name: Alex Kotel  
Address: 6400 SE 101st Suite 204  
City/State/ZIP: Portland, OR 97266  
Phone: 503-997-0836 Fax:  
E-mail: AlexK@gpurpose.com

### CONTRACTOR

Business name: Greater Purpose Construction  
Address: 6400 SE 101st Suite 204  
City/State/ZIP: Portland, OR 97266  
Phone: 503-997-0836 Fax:  
CCB lic.: 205305

Authorized signature:

Print name: Slavik Vinokurov Date: 7-24-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: \$55,650.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$1,043.86
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

BLDG 3

## Building Permit Application

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...Beaverton  
OREGONDevelopment Department  
Building Division  
10000 SW Canyon Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.govAPPROVED  
2-5-2019  
B50 MAINT Bldg Addition  
Building 3

## OFFICE USE ONLY

Date Received: 01/22/2019 Permit No.: B2019-0269

Date Issued: 1.16.19 By: C. Kelly

CITY OF BEAVERTON  
BUILDING DIVISION

Payment Type:

## TYPE OF WORK

- ☐ New construction ☐ Demolition
- ☒ Addition/alteration/replacement ☐ Other:

## CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial
- ☐ Accessory building ☐ Multi-family
- ☐ Master builder ☐ Other:

## JOB SITE INFORMATION AND LOCATION

Job site address: 2180 SW 170th Avenue Bldg # 3

City/State/ZIP: Beaverton, OR 97003

Suite/bldg./apt. no.: Project name: Maintenance Facility

Cross street/directions to job site: Intersection of SW 170th and SW Augusta Lane  
South of SW Merlo Rd and SW 170th intersection

Subdivision: Five Oaks/Triple Creek Lot no.: 200 &amp; 500

Tax map/parcel no.: 1S107AA

## DESCRIPTION OF WORK

New addition of a 3,000 sf metal building (building 3: 1,000 sf enclosed and 2,000 sf attached open canopy) to an existing metal building (building 2).

☒ PROPERTY OWNER☐ TENANT

Name: Beaverton School District 48J (contact: Scott Johnson)

Address: 16550 SW Merlo Road

City/State/ZIP: Beaverton, OR 97006

Phone: (503) 356-4552

Fax:

E-mail: Scott\_Johnson@beaverton.k12.or.us

☒ APPLICANT☐ CONTACT PERSON

Business name: FFA Architecture and Interiors, Inc.

Contact name: Laura Roark

Address: 520 SW Yamhill, Suite 900

City/State/ZIP: Portland, OR

Phone: (503) 327-0375

Fax:

E-mail: lroark@FFAdesign.com

## CONTRACTOR

Business name: Skanska (contact: Joe Schneider)

Address: 222 SW Columbia Street, Suite 300

City/State/ZIP: Portland, OR 97201

Phone: (503) 382-0908

Fax:

CCB Lic.: 153980

Authorized  
signature:

Laura Roark

Print name:

Laura Roark

Date:

01/18/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

## Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$ 183,900

Existing building area: square feet 6000

New building area: square feet 3000

Number of stories: 1

Type of construction: V-B

Occupancy groups: B, S-1

Existing: B, S-1

New: S-1

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

613 058 891

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$2,040.22

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8...

Development Department  
Building Division  
1000 NE Oregon Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Clear Form

## OFFICE USE ONLY

Date Received: 5/21/19	Permit No.: B2019-1882
Date Issued:	By:
Payment Type:	

### TYPE OF WORK

- ☐ New construction  
☒ Addition/alteration/replacement  
☐ Demolition  
☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling  
☐ Accessory building  
☐ Master builder  
☐ Commercial/Industrial  
☐ Multi-family  
☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15785 SW MELINDA DRIVE  
City/State/ZIP: BEAVERTON OR 97007  
Suite/bldg./apt. no.:  
Project name:

Cross street/directions to job site:  
SW 158th Place & SW MELINDA DR

Subdivision:  
Lot no.: 1S120CA03500

Tax map/parcel no.:

### DESCRIPTION OF WORK

EXTEND TWO BED ROOMS  
ADD MASTER BED ROOM & BATHROOM & CLOSET  
ADD COVERED PORCH

### PROPERTY OWNER

### TENANT

Name: HIRAL R PANDYA  
Address: 15785 SW MELINDA DRIVE  
City/State/ZIP: BEAVERTON OR 97007  
Phone: 503-201-8473 Fax:  
E-mail: RD98LLC22@YAHOO.COM

### APPLICANT

### CONTACT PERSON

Business name:  
Contact name: STEVE DOSS  
Address: PO BOX 91476  
City/State/ZIP: PORTLAND OR 97291  
Phone: 503-201-8473 Fax:  
E-mail: stavedoss506@YAHOO.COM

### CONTRACTOR

Business name: RYONE LLC  
Address: 14349 SW COMPASS DR.  
City/State/ZIP: BEAVERTON OR 97005  
Phone: 971-322-9416 Fax:  
CCB No.: 193174 (193174)

Authorized signature:  
Print name: HIRAL R. PANDYA Date: 5/1/2019

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: \$ 84,040.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: 710 square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: 80 square feet

### REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application:

Amount received:

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

BEV 004



# Open PARKING Garage **ELECTRONIC SUBMITTAL** SEE I:/BLDG DIV WG-8...



**Permit Application**  
Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 01/22/2019	Permit No.: B2019-0268
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2180 SW 170th Avenue Bldg 4	
City/State/ZIP: Beaverton, OR 97003 PARKING GARAGE	
Suite/bldg./apt. no.:	Project name: Maintenance Facility
Cross street/directions to job site: Intersection of SW 170th and SW Augusta Lane South of SW Merlo Rd and SW 170th intersection	
Subdivision: Five Oaks/Triple Creek	Lot no.: 200 & 500
Tax map/parcel no.: 1S107AA	
DESCRIPTION OF WORK	
A new 8,107 sf open parking/storage metal building (Bldg 4).	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District 48J (contact: Scott Johnson)	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 356-4552	Fax:
E-mail: Scott_Johnson@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTRACTOR
Business name: FFA Architecture and Interiors, Inc.	
Contact name: Laura Roark	
Address: 520 SW Yamhill, Suite 900	
City/State/ZIP: Portland, OR	
Phone: (503) 327-0375	Fax:
E-mail: lroark@FFAdesign.com	
CONTRACTOR	
Business name: Skanska (contact: Joe Schneider)	
Address: 222 SW Columbia Street, Suite 300	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 382-0908	Fax:
CCB No.: 153980	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 723,550
Existing building area:	square feet 0
New building area:	square feet 8107
Number of stories:	1
Type of construction:	II-B
Occupancy groups:	S-2
Existing:	none
New:	S-2
NOTICE	
Contractors and subcontractors are required to be licensed with Oregon Construction Contractors Board under ORS 701 and be required to be licensed in the jurisdiction in which work is performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$5,895.75
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Laura Roark	01/18/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8



Community Development Department  
Building Division  
10705 SW Milikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 06/10/2019	Permit No.: B2019-2485
Date Issued: 7-18-19	By: <i>[Signature]</i>
	Payment Type: <i>USA</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11820 SW 7TH ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: KIT. Bump out/porch
Cross street/directions to job site: LOMBARD/S on Lombard, L on 7th house will be half way down street on the R	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Bump out of kitchen wall, Add front porch	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Dylan and Caren Miller-Moylan	
Address: 11820 SW 7TH ST	
City/State/ZIP: BEAVERTON/OR/97005	
Phone: 5038809339	Fax:
E-mail: Dylan.millermoylan@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Dylan and Caren Miller-Moylan	
Address: 11820 SW 7TH ST	
City/State/ZIP: BEAVERTON/OR/97005	
Phone: 5038809339	Fax:
E-mail: Dylan.millermoylan@gmail.com	
CONTRACTOR	
Business name: <i>Same as owner</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$12,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	1220 square feet <i>60</i>
Garage/carport area:	square feet
Covered porch area:	square feet 264
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$197.30
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date:
Print name:	

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 04/18/2019	Permit No.: B2019-1605
Date Issued: 7-19-19	By: Cien
CITY OF BEAVERTON	
Payment Type: USA	

## BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14723 SW TEAL BLVD	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.: Suite 609	Project name: INSOMNIA COFFEE TI
Cross street/directions to job site: SW Teal Blvd & SW Murray Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
This is a tenant improvement to an existing suite. The occupancy shall be changed from B to A. Fire separations shall be provided at tenant at demising walls. the restrooms and egress corridor at the west end of the space have been recently completed under an earlier permit.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Insomnia Coffee	
Address: 5389 E Main street	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 789-7876	Fax:
E-mail: THEGUYS@INSOMNIACOFFEE.CO	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Greenbox Architecture	
Contact name: Derek Metson	
Address: 502 Seventh Street, 203	
City/State/ZIP: Oregon City OR 97045	
Phone: (503) 207-5537	Fax:
E-mail: derekm@greenboxpdx.com	
CONTRACTOR	
Business name: Ryan Kerner Construction	
Address: 20140 SW York Street	
City/State/ZIP: Aloha, OR 97003	
Phone: (503) 359-9191	Fax:
CCB lic.: 195703	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	89,000
Existing building area:	square feet 2,390
New building area:	square feet 0
Number of stories:	2
Type of construction:	VB
Occupancy groups:	
Existing:	B
New:	A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,294.05
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Derek Metson	04/17/20

## Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

APPROVED

RECEIVED

## OFFICE USE ONLY

Date Received: 06/06/2019

Permit No.: B2019-2421

Date Issued:

By:

CITY OF BEAVERTON

Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11375 SW Center Street	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.:	Project name: ACMA
Cross street/directions to job site: SW Center Street and SW 113th Avenue	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S110DB02000	
DESCRIPTION OF WORK	
Installation of fire service for new ACMA school building. Includes fire backflow vault, FDC, and fire water line outside of building.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District - Facilities Development	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, Oregon 97003	
Phone: (503) 356-4449	Fax: (503) 356-4484
E-mail: Leslie_Imes@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: DLR Group	
Contact name: Jane Gooding	
Address: 421 SW 6th Avenue, Suite 1212	
City/State/ZIP: Portland, Oregon 97204	
Phone: (503) 200-3966	Fax:
E-mail: jgooding@dlrgroup.com	
CONTRACTOR	
Business name: Robinson Construction	
Address: 8060 NE Walker Road	
City/State/ZIP: Hillsboro, Oregon 97124	
Phone: (503) 645-8531	Fax: (503) 645-5357
CCB lic.: 63147	

Authorized  
signature:

Print name:	Date:
Jane Gooding	06/04/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,000
Existing building area:	square feet 54,064
New building area:	square feet 75,000
Number of stories:	2
Type of construction:	IIB
Occupancy groups:	E, B & A
Existing:	E, B & A
New:	E, B & A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8...

Development Department  
Building Division  
1111 1/2 Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



**APPROVED**  
**COPY**

## OFFICE USE ONLY

Date Received: **06/10/2019** Permit No. **B2019-2471**  
Date Issued: **7-23-19** By: **CLW**  
CITY OF BEAVERTON Payment Type:

## BUILDING DIVISION

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: **14925 SW Barrows Road, Suite 115**  
City/State/ZIP: **Beaverton, OR 97007**  
Suite/bldg./apt. no.: **Suite 115 Building B** Project name: **BAC Progress Ridge**  
Cross street/directions to job site: **SW Horizon Blvd.**

Subdivision: Lot no.:

Tax map/parcel no.: **2S105AA02301**

### DESCRIPTION OF WORK

Partial demolition of interior spaces, finishes, partitions, mechanical, electrical and plumbing equipment. Construction of 24-hour ATM vestibule, ATM lobby, ATM room, offices, break room, restroom, wellness room, janitor closet, non-bearing partitions, doors, millwork, finishes and a

☐ PROPERTY OWNER ☒ TENANT

Name: **Bank of America**

Address: **2000 Clayton Road, Building D**

City/State/ZIP: **Concord, CA 94520**

Phone: **(206) 375-4788**

Fax:

E-mail: **matt.riggs@am.jll.com**

☒ APPLICANT

☒ CONTACT PERSON

Business name: **Gensler**

Contact name: **Michelle Knoedler**

Address: **2101 Webster Street, Suite 2000**

City/State/ZIP: **Oakland, CA 94612**

Phone: **(510) 645-1725**

Fax:

E-mail: **michelle\_knoedler@gensler.com**

### CONTRACTOR

Business name: **Andersen Construction**

Address: **6712 N. Cutter Circle**

City/State/ZIP: **Portland, OR 97217**

Phone: **(503) 283-6712**

Fax: **(503) 283-4393**

CCB lic.:

Authorized signature:

*Michelle Knoedler*

Print name:

**Michelle Knoedler**

Date:

**05/31/19**

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation **\$1,583,600.00**

Existing building area: square feet **2,210**

New building area: square feet **0**

Number of stories: **1**

Type of construction: **V-B**

Occupancy groups: **B**

Existing: **2,210**

New: **0**

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application **\$10,178.26**

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
3 Fax: (503) 526-2550  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

OFFICE USE ONLY

Date Received: 07/23/2019 Permit No.: B2019-3159  
Date Issued: 7-23-19 By: AK  
CITY OF BEAVERTON Payment Type: Visa  
BUILDING DIVISION

TYPE OF WORK

- ☐ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master bulder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 8093 SW Cirrus Drive  
City/State/ZIP: Beaverton, OR 97008  
Suite/bldg./apt. no.: 19-C Project name: NW Sports Photography  
Cross street/directions to job site: SW Hall Blvd.  
Subdivision: Lot no.: 01300  
Tax map/parcel no.: 1S1 27AB

DESCRIPTION OF WORK

This project involves limited construction of new tenant improvements to accommodate a new tenant in previously occupied tenant space.

☒ PROPERTY OWNER

☐ TENANT

Name: Harsch Investments  
Address: 8275 SW Cirrus Drive  
City/State/ZIP: Beaverton, OR 97008  
Phone: (503) 450-0831 Fax:  
E-mail: EmilyM@Harsch.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Robert Simpson Architect, PC  
Contact name: Robert C. Simpson  
Address: 31177 SW Simpson Road  
City/State/ZIP: Cornelius, OR 97113-6201  
Phone: (503) 709-9653 Fax:  
E-mail: R.C. Simpson@iCloud.com

CONTRACTOR

Business name: Pacific Crest Structures  
Address: 17750 SW Upper Boones Ferry Road, Suite 190  
City/State/ZIP: Durham, OR 97224  
Phone: (503) 968-8949 Fax:  
CCB lic.: 66915

Authorized  
signature:

Print name:

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number. of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$35,000.00

Existing building area: square feet 5,100

New building area: square feet 0

Number of stories: 1

Type of construction: 3-B

Occupancy groups:

Existing: B/F-1/S-1

New: B/S-1

NOTICE

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BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application COB Revision/Tracking Number

REV



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	Permit No.: <b>2019-0573</b>
Date Issued: <b>MAR 01 2019</b>	By: <b>KL</b>
<b>7-23-19</b>	Payment Type: <b>Check</b>

### TYPE OF WORK

- ☐ New construction ☐ Demolition
- ☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
- ☐ Accessory building ☐ Multi-family
- ☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 11439 SW BEAVERTON HILLSDALE HWY

City/State/ZIP: BEAVERTON, OR 97005

Suite/bldg./apt. no.: Project name: PAMPER NAIL SPA

Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

-Change of occupancy from group "M" retail to Group "B" for nails salon.  
-Mechanical permit, sprinkler system, and fire alarm will be obtained separately.

☐ PROPERTY OWNER

☒ TENANT

Name: Tan T. Nguyen

Address: 19667 SW Sharoaks Rd.

City/State/ZIP: Beaverton, OR 97003

Phone: (503) 997-3739

Fax:

E-mail: nttan77@gmail.com

☒ APPLICANT

☒ CONTACT PERSON

Business name: Harmony Decor

Contact name: Elson Nguyen

Address: 522 NW 23rd Ave Suite E

City/State/ZIP: Portland, OR 97210

Phone: (971) 563-2067

Fax:

E-mail: elsonng.hndecor@gmail.com

### CONTRACTOR

Business name: Long Vo Construction LLC

Address: 8234 SE Clatsop St.

City/State/ZIP: Happy Valley, OR 97086

Phone: (503) 793-3265

Fax:

CCB lic.: 194594

Authorized signature:

Print name:

Tan T. Nguyen

Date:

01/30/19

### BUILDING SERVICES DIVISION

#### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

#### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$120,000

Existing building area: square feet 2,223

New building area: square feet 2,223

Number of stories: 1

Type of construction: V-B (SPRINKLERED)

Occupancy groups: B

Existing: "M" RETAIL

New: "B" NAILS SALON

#### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

#### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14





# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7-23-19	Permit No.: B2019-3145
Date Issued: 7-23-19	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulider	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13155 SW Allen Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 4	Project name: Washington Court Condos
Cross street/directions to job site: SW Erickson Ave & SW Allen Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Removal & replacement of existing roof system using certainteed landmark architectural shingles fastened with (4) 1.25" nails per shingle.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Richard Rochat	
Address: 13155 SW Allen Blvd	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-317-0710	Fax: N/A
E-mail: mywccba@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Raindrop Roofing NW, LLC	
Contact name: Torrey Henderson	
Address: 8305 SW Cirrus Dr.	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-707-1506	Fax: 503-430-8330
E-mail: torrey@raindropnw.com	
CONTRACTOR	
Business name: Raindrop Roofing NW, LLC	
Address: 8305 SW Cirrus Dr.	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-520-3887	Fax: 503-430-8330
CCB lic.: 172720	
Authorized signature: [Signature]	
Print name: Torrey Henderson	Date: 7/22/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 24,072.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$648.86
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7-23-19 Permit No.: 32019-3146  
Date Issued: 7-23-19 By: [Signature]  
Payment Type:

### TYPE OF WORK

☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 13155 SW Allen Blvd  
City/State/ZIP: Beaverton, OR 97005  
Suite/bldg./apt. no.: 1 Project name: Washington Court Condos  
Cross street/directions to job site:  
SW Erickson Ave & SW Allen Blvd

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Removal & replacement of existing roof system using  
certainteed landmark architectural shingles  
fastened with (4) 1.25" nails per shingle.

☐ PROPERTY OWNER

☒ TENANT

Name: Richard Rochat  
Address: 13155 SW Allen Blvd  
City/State/ZIP: Beaverton, OR 97005  
Phone: 503-317-0710 Fax: N/A  
E-mail: mywccba@gmail.com

☒ APPLICANT

☒ CONTACT PERSON

Business name: Raindrop Roofing NW, LLC  
Contact name: Torrey Henderson  
Address: 8305 SW Cirrus Dr.  
City/State/ZIP: Beaverton, OR 97008  
Phone: 503-707-1506 Fax: 503-430-8330  
E-mail: torrey@raindropnw.com

### CONTRACTOR

Business name: Raindrop Roofing NW, LLC  
Address: 8305 SW Cirrus Dr.  
City/State/ZIP: Beaverton, OR 97008  
Phone: 503-520-3887 Fax: 503-430-8330  
CCB lic.: 172720

Authorized  
signature:

Print name:

Date:

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed.  
Indicate the value (rounded to the nearest dollar) of all equipment,  
materials, labor, overhead, and the profit for the work indicated on  
this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed.  
Indicate the value (rounded to the nearest dollar) of all equipment,  
materials, labor, overhead, and the profit for the work indicated on  
this application.

Valuation 10,735.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with  
the Oregon Construction Contractors Board under ORS 701 and  
may be required to be licensed in the jurisdiction in which work is  
being performed. If the applicant is exempt from licensing, the  
following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$386.53

Amount received

Date received:

This permit application expires if a permit is not obtained  
within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building  
Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7-23-19 Permit No.: B2019-3144  
Date Issued: 7-23-19 By: MK  
Payment Type: Check

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☒ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☒ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 11100 SW MURRAY SCHOLLS PLACE  
City/State/ZIP: BEAVERTON, OR. 97007  
Suite/bldg./apt. no.: Project name: 24HR. FITNESS  
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

REMOVE ALL ROOFING TO DECKING INSTALL  
2 LAYERS OF POLYISOCYANURATE INSULATION  
4" R24, INSTALL GAF 60 MIL TPO SINGLE  
PLY MEMBRANE ROOFING

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: INTERSTATE ROOFING

Contact name: LOU ORNELAS

Address: 15065 SW 74TH AVE.

City/State/ZIP: PORTLAND, OR. 97224

Phone: 503-684-5411

Fax: 503-639-3056

E-mail: RECEPTION@INTERSTATEROOFING.COM

### CONTRACTOR

Business name: INTERSTATE ROOFING

Address: 15065 SW 74TH AVE.

City/State/ZIP: PORTLAND, OR. 97224

Phone: 503-684-5411

Fax: 503-639-3056

CCB lic.: 55485

Authorized  
signature:

Louis Ornelas

Print name:

Date:

LOUIS ORNELAS

6-12-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

91,855

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

\$1,377.71

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8...

**Beaverton**  
OREGON

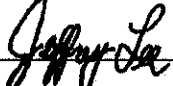
Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6/19/2019	Permit No.: B2019-2633
Date Issued: 7-22-19	By: MK
	Payment Type: MC

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5175 SW Chestnut Ave, Beaverton, Oregon, 97005	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S114CA07900	
DESCRIPTION OF WORK	
Residential rooftop solar PV kw 3.1	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Karen Steinbock	
Address: 5175 SW Chestnut Ave, Beaverton, Oregon, 970	
City/State/ZIP:	
Phone: 9714090709	Fax:
E-mail: karensteinbock@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar, LLC	
Contact name: Tara Mount	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar, LLC	
Address: 1220 S 630 E #430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	7,775.65
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: 	Date:
Print name: Jeff Lee	04/08/2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8

Department  
Building Division  
Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**Beaverton**  
OREGON

## OFFICE USE ONLY

Date Received: 07/17/2019  
Date Issued:

Permit No. B2019-3044  
By:  
Payment Type:

CITY OF BEAVERTON  
BUILDING DIVISION

### TYPE OF WORK

☐ New construction  
☒ Addition/alteration/replacement  
☒ Demolition  
☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling  
☐ Accessory building  
☐ Master builder  
☐ Commercial/industrial  
☒ Multi-family  
☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 5005 SW Murray Blvd  
City/State/ZIP: Beaverton OR 97005  
Suite/bldg./apt. no.: Bldg 5  
Project name: Stone Creek Apts.  
Cross street/directions to job site:  
SW Murray Blvd West of Farmington Rd  
Subdivision:  
Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Replace selective stairs (dry rot issues)  
Replace

### PROPERTY OWNER

☒ PROPERTY OWNER  
☐ TENANT  
Name: 5005 Apartments LLC  
Address: po box 2968  
City/State/ZIP: Portland OR 97209  
Phone: 503 450 0230 Fax: 503 450 0241  
E-mail: jp@cresapts.com

### APPLICANT

☒ APPLICANT  
☐ CONTACT PERSON  
Business name: Steven Rauton Architect / LLC  
Contact name: Steven Rauton  
Address: 6144 NE VERA ST  
City/State/ZIP: Portland, OR 97213  
Phone: 971 506 7436 Fax:  
E-mail: skrarchitect@gmail.com

### CONTRACTOR

Business name: Erin Isle Construction, Inc.  
Address: 11120 SW Industrial Way  
City/State/ZIP: Tualatin, OR 97062  
Phone: 503-691-9096 Fax: 503-691-9410  
CCB lic.: 107928

Authorized signature:

Print name: Steven Rauton  
Steven Rauton Architect / LLC  
Date: 7.16.19

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: see pri \$100,000  
Existing building area: square feet  
New building area: square feet

Number of stories: 3  
Type of construction: V-T Mr.

### Occupancy groups:

Existing: R2  
New: N/A

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$1,362.30  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7-17-19	Permit No.: B200-3067
Date Issued: 7-17-19	By: Clew
	Payment Type: M

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6780 SW Hall Blvd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: On Hall Blvd between Sussex(N) & Denny(S)	
Subdivision: Barnes Acres	Lot no.: 5
Tax map/parcel no.: 1S122BC00300	
DESCRIPTION OF WORK	
Demolition of detached single family residence.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: John Lee	
Address: 14425 SW Allen Blvd	
City/State/ZIP: Beaverton, OR	
Phone: (503) 267-9118	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Evergreen NW Inc	
Contact name: Chris Lee	
Address: 477 NE 62nd Ave	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 307-7117	Fax:
E-mail: Chris.EvergreenNWInc@gmail.com	
CONTRACTOR	
Business name: LOI Environmental & Demolition Services	
Address: 5930 Jean Rd	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 245-6460	Fax:
CCB lic.: 38052	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Print name:

Chris Lee

Date:

07/17/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 7-18-19	Permit No.: B2019-2072
Date Issued: 7-18-19	By: CREW
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16065 SW Flicker Ct.	
City/State/ZIP: Beaverton / OR / 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing Deck Like for like	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Troy Madson	
Address: 16065 SW Flicker Ct.	
City/State/ZIP: Beaverton / OR / 97007	
Phone: 503-250-1491	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Adrian's Quality Fencing & Decks	
Contact name: Adrian Petrisor	
Address: 3115 SW 211th Ave	
City/State/ZIP: Beaverton / OR / 97003	
Phone: 503-209-9216	Fax:
E-mail: info@adrians.com	
CONTRACTOR	
Business name: Adrian's Quality Fencing & Decks	
Address: 3115 SW 211th Ave	
City/State/ZIP: Beaverton / OR / 97003	
Phone: 503-209-9216	Fax:
CCB lic.: 64660	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$15000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	550 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

Adrian Petrisor

Print name: Adrian Petrisor

Date: 7-17-19



REF: B2019-1827

**Electrical Permit Application**

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov

Clear Form

**OFFICE USE ONLY**

Date Received: 7/17/19	Permit No.: B2019-3005
Date Issued:	By: [Signature]
	Payment Type: Check

**TYPE OF WORK**

- ☐ New construction ☒ Addition/alteration/replacement  
☐ Other:

**CATEGORY OF CONSTRUCTION**

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial ☐ Accessory building  
☐ Multi-family ☐ Master builder ☐ Other:

**JOB SITE INFORMATION AND LOCATION**

Job no.: Job address: 15785 S.W. MELINDA  
 City/State/ZIP: BEAVERTON OR 97007  
 Suite/bldg./apt. no.: Project name:  
 Cross street/directions to job site:  
 Subdivision: Lot no.:  
 Tax map/parcel no.:

**DESCRIPTION OF WORK**

ADDITION OF BED ROOM &amp; BATH

☒ PROPERTY OWNER☐ TENANT

Name: HIRAL PANIYA  
 Address: 15785 S.W. MELINDA DR.  
 City/State/ZIP: BEAVERTON OR 97007  
 Phone: 503-201-8472 Fax:  
 E-mail: RD98LLC@YAHOO.COM

Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.

Owner signature: [Signature] Date: 5-16-19

☒ APPLICANT☒ CONTACT PERSON

Business name:  
 Contact name: STEVE DOSS  
 Address: PO BOX 91476  
 City/State/ZIP: PORTLAND OR 97291  
 Phone: 503-201-8473 Fax:  
 E-mail: stevedoss500@YAHOO.COM

**CONTRACTOR**

Business name:  
 Address:  
 City/State/ZIP:  
 Phone: Fax:  
 E-mail: CCB lic. no.:  
 Electrical lic. no.: City or metro lic.:

Supervising electrician signature, required:

Print name: STEVE DOSS Date: 5/16/19

Authorized signature: [Signature]

Print name:

Date:

**PLAN REVIEW**

Please check all that apply:

- ☐ Service or feeder 400amps or more  
☐ Fire pump  
☐ Emergency system  
☐ Addition of new motor load of 100HP or more  
☐ Six or more residential units  
☐ Health-care facilities  
☐ Hazardous locations  
☐ Service or feeder over 600 amps  
☐ Building over three stories  
☐ Marinas and boatyards  
☐ Floating buildings  
☐ Commercial-use agricultural buildings  
☐ Installation of 150 KVA or larger separately derived system  
☐ "A," "E," "I-2," "I-3" occupancy  
☐ Recreational vehicle parks

**FEE SCHEDULE**

Description	Qty.	Fee	Total	*
<b>Residential single- or multi-family dwelling unit</b> Includes attached garage				
1,000 sq. ft. or less		194.64	0.00	4
Ea. add'l 500 sq. ft. or portion		34.77	0.00	
Limited energy, residential (with above sq. ft.)		46.42	0.00	2
Limited energy, multi-family residential (with above sq. ft.)		91.72	0.00	2
<b>Services or feeders installation, alteration, and/or relocation</b>				
200 amps or less	1	115.83	0.00	2
201 amps to 400 amps		137.89	0.00	2
401 amps to 600 amps		229.34	0.00	2
601 amps to 1,000 amps		299.93	0.00	2
Over 1,000 amps or volts		690.22	0.00	2
Utility reconnect		91.72	0.00	1
<b>Temporary services or feeders installation, alteration, and/or relocation</b>				
200 amps or less		91.72	0.00	2
201 amps to 400 amps		127.41	0.00	2
401 amps to 600 amps		184.11	0.00	2
601 amps to 1,000 amps		225.29	0.00	2
<b>Branch circuits - new, alteration, or extension, per panel</b>				
A. Fee for branch circuits with above service or feeder fee, each branch circuit	2	4.26	0.00	2
B. Fee for branch circuits without service or feeder fee, first branch circuit		81.14	0.00	2
Each add'l branch circuit		4.26	0.00	
<b>Miscellaneous (service or feeder not included)</b>				
Each manufactured or modular dwelling, service, and/or feeder		91.72	0.00	2
Pump or irrigation circle		91.72	0.00	2
Sign or outline lighting		91.72	0.00	2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72	0.00	2
<b>Each additional inspection over allowable in any of the above</b>				
Per inspection		81.14	0.00	
Investigation fee				
Other:				
Electrical permit fees		Calculate Fees		
SUBTOTAL			124.80	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)			0.00	
TOTAL PERMIT FEE			\$0.00	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Number of inspections allowed per permit.

Form 870-1002

REV 10/17

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6-24-19	Permit No.: B2019-2719
Date Issued: 7-17-19	By: dew
Payment Type: check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7410 SW 78th Ave	
City/State/ZIP: Beaverton, OR 97223	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Garden Home Rd.	
Subdivision: Garden Home Central Lot #2	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building a residential dwelling.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Advanced Custom Homes LLC	
Address: 6430 SW Orchid St	
City/State/ZIP:	
Phone: 503-901-6426	Fax:
E-mail: mrakhlia@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Advanced Custom Homes LLC	
Contact name: Marsha Rakhlia	
Address: 6430 SW Orchid St	
City/State/ZIP: Beaverton, OR 97221	
Phone: 503-901-6426	Fax:
E-mail:	
CONTRACTOR	
Business name: Advanced Custom Homes LLC	
Address: 6430 SW Orchid St	
City/State/ZIP: Beaverton, OR 97219	
Phone: (503) 901-6426	Fax:
CCB Lic. #167026	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3311 sq square feet 3311
Garage/carport area:	667 sq square feet 667
Covered porch area:	280 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,723.99
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date: 6/24/2019
Print name: Marsha Rakhlia	

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 7/17/19	Permit No.: B7019-3050
Date Issued: 7-17-19	By: CLEM
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9300 SW Nimbus Ave	
City/State/ZIP: Beaverton / OR / 97008	
Suite/bldg./apt. no.:	Project name: Vesta T.I.
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S127DA00400	
DESCRIPTION OF WORK	
Tenant Improvement	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kidder Mathews	
Address: 101 SW Main St, Suite 1200	
City/State/ZIP: Portland / OR / 97204	
Phone: (503) 721-2729	Fax:
E-mail: kane.thomas@kidder.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Robert Todd Construction	
Contact name: Todd Lopiparo	
Address: 4080 SE International Way, Suite B-113	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 653-5704	Fax:
E-mail: todd@roberttoddconstruction.com	
CONTRACTOR	
Business name: Robert Todd Construction	
Address: 40802 SE International Way, Suite B-113	
City/State/ZIP: Milwaukie / OR / 97222	
Phone: (503) 653-5704	Fax:
CCB Lic.: 98517	
Authorized signature: <i>Karen Gladden</i>	Date: 7-16-2019
Print name: Karen Gladden	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$160,000
Existing building area:	square feet 6,018
New building area:	square feet same
Number of stories:	1
Type of construction:	Tenant Improvement
Occupancy groups:	B
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 07/16/2019 Permit No. B2019-3031  
Date Issued: By:  
CITY OF BEAVERTON Payment Type:

## BUILDING DIVISION

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☒ Other: Solar PV System

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 12855 Southwest 17th Street, Beaverton, Oregon, 97008, United States

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Residential Rooftop Solar PV System 5.58 kW

☒ PROPERTY OWNER

☐ TENANT

Name: Lindsay Laing

Address: 12855 Southwest 17th Street, Beaverton, Oregon, 97008, United St

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Blue Raven Solar LLC

Contact name: Lesly Bee

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

E-mail: permitting.department@blueravensolar.com

### CONTRACTOR

Business name: Blue Raven Solar LLC

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

CCB lic.: 210112

Authorized  
signature:

Jeffrey Lee

Print name:

Jeff Lee

Date:

07/15/2019

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 11,546.76

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$207.20

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 7/15/19	Permit No.: B2019 3014
Date Issued:	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11375 SW Center Street	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.:	Project name: ACMA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demolition of Arts & Communications Magnet Academy.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 356-4500	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Beaverton School District	
Contact name: Leslie Imes	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 601-9830	Fax:
E-mail: Leslie_Imes@beaverton.k12.or.us	
CONTRACTOR	
Business name: Elder Demolition	
Address: 6400 SE 101st ave Suite 201	
City/State/ZIP: Portland, Or 97266	
Phone: (503) 760-6330	Fax: (503) 760-2266
CCB lic.: 121650	

Authorized signature: [Signature]

Print name:	Date:
Jason Samek	07/09/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	337,000
Existing building area:	square feet 49,638
New building area:	square feet 75,856
Number of stories:	two
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

**Beaverton**  
OREGON

Development Department  
Building Division  
Kan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-22-19 Permit No.: B2019-2178  
Date Issued: 7/15/2019  
Payment Type:

### TYPE OF WORK

☐ New construction  
☒ Addition/alteration/replacement  
☐ Demolition  
☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling  
☐ Accessory building  
☐ Master builder  
☐ Commercial/Industrial  
☒ Multi-family  
☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 6070 SW Menlo Rd Unit 12  
City/State/ZIP: Beaverton OR 97008  
Suite/bldg./apt. no.: 12 Project name: F.R. Grove decks  
Cross street/directions to job site:  
Allen  
Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Removal of Existing deck  
Replace with new in same footprint  
1 post added

### PROPERTY OWNER

### TENANT

Name: Guardian Real Estate Services  
Address: 760 SW 9th Ave 2200  
City/State/ZIP: Portland OR 97205  
Phone: 503 807 3600 Fax:  
E-mail:

### APPLICANT

### CONTACT PERSON

Business name: Stross Contracting  
Contact name: Ross Peterson  
Address: 1462 SE Blanchard St  
City/State/ZIP: Hillsboro OR 97123  
Phone: 503 820 9480 Fax:  
E-mail: strosscontracting@gmail.com

### CONTRACTOR

Business name: Stross Contracting  
Address: 502 NE 24th Ave  
City/State/ZIP: Portland OR  
Phone: 503 896 7007 Fax:  
CCB lic.: 217569

Authorized signature: [Signature]

Print name: Ross Peterson Date: 5-22-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 6925.60  
Number of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation  
Existing building area: square feet  
New building area: square feet  
Number of stories:  
Type of construction:  
Occupancy groups:  
Existing:  
New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

## Permit Application



Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-22-17	Permit No.: B2019-2179
Date Issued: 7/15/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6050 SW Menlo Dr Unit 16	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: 16	Project name: Firgrove decks
Cross street/directions to job site: Allen	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Removal of Existing deck Replace new in Existing footprint 1 Post Added	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Guardian Real Estate Services	
Address: 760 SW 9th Ave #22000	
City/State/ZIP: Portland OR 97205	
Phone: 503 802 3600	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: STROSS Contracting	
Contact name: Ross Petersen	
Address: 1468 SE Blanchard St	
City/State/ZIP: Hillsboro OR 97123	
Phone: 503 820-9480	Fax:
E-mail: strosscontracting@gmail.com	
CONTRACTOR	
Business name: STross contracting	
Address: 502 NE 29th Ave	
City/State/ZIP: Portland	
Phone: 503 896 7007	Fax:
CCB I.D.: 217569	
Authorized signature: [Signature]	
Print name: Ross Petersen	Date: 5-22-19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	6925.60
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received:	Permit No:
Date Issued:	Payment Type:

## BUILDING SERVICES DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2895 SW WEST POINT AVE	
City/State/ZIP: PORTLAND OREGON 97225	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR ON A VACANT LOT	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: RENAISSANCE HOMES	
Address: 16771 BOONES FERRY ROAD	
City/State/ZIP: LAKE OSWEGO OREGON 97035	
Phone: (503) 636-5600	Fax:
E-mail: KGEIGER@RENAISSANCE-HOMES.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: RENAISSANCE HOMES	
Contact name: KELLY GEIGER	
Address: 16771 BOONES FERRY ROAD	
City/State/ZIP: LAKE OSWEGO OREGON 97035	
Phone: (503) 496-0712	Fax:
E-mail: KGEIGER@RENAISSANCE-HOMES.COM	
CONTRACTOR	
Business name: RENAISSANCE HOMES	
Address: 16771 BOONES FERRY ROAD	
City/State/ZIP: LAKE OSWEGO OREGON 97035	
Phone: (503) 496-0712	Fax:
CCB lic.: 49955	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	495,274.12
Number of bedrooms:	4
Number of bathrooms:	4
Total number of floors:	2
New dwelling area:	square feet 3784
Garage/carport area:	square feet 825
Covered porch area:	square feet 352
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	1,000.35
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

KELLY GEIGER

Date:



## Building Permit Application

Community and Economic Development  
PO Box 4755, Beaverton, OR 97076  
Phone: (503) 526-2403; Fax: (503) 526-2550  
Internet address: [www.BeavertonOregon.gov](http://www.BeavertonOregon.gov)

### OFFICE USE ONLY

Date Received:	Permit No. <b>52019-3009</b>
Date Issued: <b>7/15/2019</b>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input checked="" type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>12670 SW 3rd St</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: <b>SW 3rd St &amp; Angel Ave</b>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear down of old detached garage.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Tameka Lim-Velasco</b>	
Address: <b>12670 SW 3rd St</b>	
City/State/ZIP: <b>Beaverton OR 97005</b>	
Phone: <b>503-539-4717</b>	Fax:
E-mail: <b>Tamekalim@gmail.com</b>	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <b>Bigfoot Northwest</b>	
Address:	
City/State/ZIP:	
Phone: <b>206-419-6588</b>	Fax:
CCB lic.: <b>211641</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>450 -</b>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	<b>\$450</b> square feet <b>520</b>
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<b>65.63</b>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

rev 07/13

\* Authorized signature:

Print name:

Date:

*Tameka Lim-Velasco*  
**Tameka Lim Velasco**

**7/15/2019**

# Building Permit Application

2547 BL



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:

8/1/2018

Permit No.:

B2018-3541

Date Issued:

7/19/2019

Payment Type:

### TYPE OF WORK

☒ New construction☐ Demolition☐ Addition/alteration/replacement☐ Other:

### CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling☐ Commercial/industrial☐ Accessory building☐ Multi-family☐ Master builder☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15645 SW Thrush Lane

City/State/ZIP: Beaverton, OR

Suite/bldg./apt. no.:

Project name: Russell

Cross street/directions to job site:

Subdivision: Westmont

Lot no.: 40 113

Tax map/parcel no.:

### DESCRIPTION OF WORK

NSFR

Re Issue B2018-1344

☒ PROPERTY OWNER☐ TENANT

Name: DR Horton, Inc

Address: 4380 SW Macadam Ave Suite 200

City/State/ZIP: Portland, OR 97239

Phone: (503) 222-4151

Fax:

E-mail: plancheck@drhorton.com

☒ APPLICANT☐ CONTACT PERSON

Business name: DR Horton, Inc

Contact name: Amanda Loveridge

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

E-mail: plancheck@drhorton.com

### CONTRACTOR

Business name: DR Horton, Inc

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

CCB lic.: 130859

Authorized signature:

Print name:

Amanda Loveridge

Date:

6/27/18

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

319,989.15

Number of bedrooms:

4

Number of bathrooms:

3

Total number of floors:

2

New dwelling area:

2547 square feet

Garage/carport area:

342 square feet

Covered porch area:

90 square feet

Deck area:

square feet

Other structure area:

square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area:

square feet

New building area:

square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

1,340.74

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov



## OFFICE USE ONLY

Date Received:

Permit No.:

Date Issued:

By:

Payment Type:

### TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☒ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 8095 SW Hall blvd.

City/State/ZIP: Beaverton, OR 97008

Suite/bldg./apt. no.: Bldg. 8015

Project name: Glen Ridge

Cross street/directions to job site:

SW Ridgecrest dr.

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Completely remove and replace existing roof  
composition shingles

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

### CONTRACTOR

Business name: A&L Roofing

Address: 4692 Lancaster dr. NE

City/State/ZIP: Salem, OR 97304

Phone: 503.971.0179

Fax: 503.391.9255

CCB lic.: 181200

Authorized  
signature:

Print name:

Adrian Urieta

Date:

7-12-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 30,529.00

Existing building area: square feet 75,000

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

730.31

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received:	7/12/2019	Permit No. 52019-2998
Date Issued:	7/12/2019	By: [Signature]
		Payment Type:

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |  |
|---|--|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial   |
| <input type="checkbox"/> Accessory building       | <input checked="" type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                  |

### JOB SITE INFORMATION AND LOCATION

Job site address: 8095 SW Hall blvd.  
City/State/ZIP: Beaverton, OR 97008  
Suite/bldg./apt. no.: bldg. 8045 Project name: Glen Ridge  
Cross street/directions to job site:  
SW Ridgecrest Dr.  
Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Completely remove & Replace existing roof.  
Composition Shingles

### ☐ PROPERTY OWNER

### ☐ TENANT

Name:  
Address:  
City/State/ZIP:  
Phone: Fax:  
E-mail:

### ☐ APPLICANT

### ☐ CONTACT PERSON

Business name:  
Contact name:  
Address:  
City/State/ZIP:  
Phone: Fax:  
E-mail:

### CONTRACTOR

Business name: Ark Roofing  
Address: 4692 Lancaster dr. NE  
City/State/ZIP: Salem, OR 97304  
Phone: 503.971.0179 Fax: 503.391.9255  
CCB lic.: 181200

Authorized  
signature:

Print name: Adrian Uribe Date: 7-12-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 19,849.00

Existing building area: square feet 45,000

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application 555.17

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received:	7/12/2019	Permit No.	52019-2999
Date Issued:	7/12/2019	By:	[Signature]
		Payment Type:	

### TYPE OF WORK

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |  |
|---|--|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial   |
| <input type="checkbox"/> Accessory building       | <input checked="" type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                  |

### JOB SITE INFORMATION AND LOCATION

Job site address: 8095 SW Hall Blvd.  
City/State/ZIP: Beaverton, OR 97008  
Suite/bldg./apt. no.: bldg. 8095 Project name: Glen Ridge  
Cross street/directions to job site:  
SW Ridgecrest dr.

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Completely remove and replace existing roof  
Composition Shingles.

☐ PROPERTY OWNER

☐ TENANT

Name:  
Address:  
City/State/ZIP:  
Phone: Fax:  
E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name:  
Contact name:  
Address:  
City/State/ZIP:  
Phone: Fax:  
E-mail:

### CONTRACTOR

Business name: A3L Roofing  
Address: 4692 Lancaster dr. NE  
City/State/ZIP: Salem, OR 97304  
Phone: 503.971.0179 Fax: 503.391.9255  
CCB Lic.: 181200

Authorized  
signature:

Print name: Adrian Uribe Date: 7-12-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 19,849.00

Existing building area: square feet 45,000

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

555.17

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

COB Revision/Tracking #: REV

Community Development Department Building Division

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

3 Fax: (503) 526-2550

BeavertonOregon.gov

ELECTRONIC SUBMITTAL

SEE 1:/BLDG DIV WG-8...

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

3 Fax: (503) 526-2550

BeavertonOregon.gov

ELECTRONIC SUBMITTAL

SEE 1:/BLDG DIV WG-8...

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

3 Fax: (503) 526-2550

BeavertonOregon.gov

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SEE 1:/BLDG DIV WG-8...

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

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Beaverton, OR 97076

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BeavertonOregon.gov

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12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

3 Fax: (503) 526-2550

BeavertonOregon.gov

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SEE 1:/BLDG DIV WG-8...

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

3 Fax: (503) 526-2550

BeavertonOregon.gov

ELECTRONIC SUBMITTAL

SEE 1:/BLDG DIV WG-8...

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

3 Fax: (503) 526-2550

BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 04/18/2019 Permit No.: B2018-4972

Date Issued: 5/21/19 By: [Signature]

CITY OF BEAVERTON Building Division Payment Type:

## TYPE OF WORK

- ☒ New construction ☐ Demolition
- ☐ Addition/alteration/replacement ☐ Other:

## CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
- ☐ Accessory building ☐ Multi-family
- ☐ Master builder ☐ Other:

## JOB SITE INFORMATION AND LOCATION

Job site address: 17242 SW Kite Ln

City/State/ZIP: Beaverton, Or 97007

Suite/bldg./apt. no.: Project name: SCHM

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 102

Tax map/parcel no.:

## DESCRIPTION OF WORK

NEW SFR

☐ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everethhomesnw.com

☒ APPLICANT

☒ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Jennifer Reilly

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everethhomesnw.com

## CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, Oregon 97210

Phone: jreilly@everethhomesnw.com

Fax:

CCB Lic.: 189447

Authorized signature:

[Signature: Jennifer Reilly]

Print name: Jennifer Reilly

Date: 4/16/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 257,516

Number of bedrooms: 3

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1873.37 square feet

Garage/carport area: 453.14 square feet

Covered porch area: 107.93 square feet

Deck area: 0 square feet

Other structure area: 0 square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups: R2

Existing:

New: Townhome

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



MAY 21 2019

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

Application



Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-17-19	Permit No.: B2019-2116
Date Issued: 5-10-19	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13915 SW Harness LN	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Doug
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing existnt deck	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Doug Lundin	
Address: 13915 SW Harness LN	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 476-4787	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Contour Excavation	
Contact name: Greg Anderson	
Address: 17607 SW Cedarview way	
City/State/ZIP: Sherwood OR 97140	
Phone: (971) 235-9770	Fax:
E-mail: contourexcavation@msn.com	
CONTRACTOR	
Business name: Contour Excavation	
Address: 17607 SWQ Cedarview way	
City/State/ZIP: Sherwood OR 97140	
Phone: (971) 235-9770	Fax:
CCB Lic.: 197075	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$14,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet 124
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$220.72
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name: Greg Anderson	05/16/20

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8



Community Development Department  
Building Division  
12225 SW Milikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 06/11/2019	Permit No.: B2019-2490
Date Issued: 06/17/19	By: Clevy
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15795 SW Bluestone Ct	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: DECK
Cross street/directions to job site: Turn left from westbound Nora Rd to Galena Way, take immediate next right to SW Bluestone Ct.	
Subdivision: Arbor Crest	Lot no.: 45
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace deck with new cedar over joist caps, replace wood 4x4 post railing with aluminum cable railing attached to the fascia of the rim/end joists. Railings require two 2x8 fascia, current deck only has 1. Will add a sistered 2x8 to rim/edge joists and reinforce those with DTT2 straps/bolts.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Darius Galinis	
Address: 15795 SW Bluestone Ct	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 250-1389	Fax:
E-mail: dgalinis@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Darius Galinis	
Address: 15795 SW Bluestone Ct	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 250-1389	Fax:
E-mail: dgalinis@gmail.com	
CONTRACTOR	
Business name: Same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$7200
Number of bedrooms:	4
Number of bathrooms:	2.1
Total number of floors:	2
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet 250
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$150.45
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name: Darius Galinis	06/10/19

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8

## OFFICE USE ONLY

Date Received: 06/19/2019	Permit No.: B2019-2638
Date Issued: 7-2-19	By: CLEM
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

### TYPE OF WORK

- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> New construction     | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |   |  |
|---|--|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial                   |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                            |
| <input type="checkbox"/> Master builder           | <input checked="" type="checkbox"/> Other: Flagpole Installation |

### JOB SITE INFORMATION AND LOCATION

Job site address: 13840 NW Cornell Rd.  
City/State/ZIP: Portland, OR. 97229-5403  
Suite/bldg./apt. no.: N/A Project name: Sunset High School  
Cross street/directions to job site: 143rd. / High School

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Installing a New Flagpole Near the Athletic Fields

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: Beaverton School District  
Address: 16550 SW Merlo Rd.  
City/State/ZIP: Beaverton, OR. 97003  
Phone: (503) 356-4500 Fax:  
E-mail:

### ☒ APPLICANT

### ☐ CONTACT PERSON

Business name: Five Star Builders, Inc.  
Contact name: Terry Brown  
Address: PO Box 555  
City/State/ZIP: Banks, OR. 97106  
Phone: (503) 324-5220 Fax: (503) 324-0883  
E-mail: terry@five-star-builders.com

### CONTRACTOR

Business name: Five Star Builders, Inc.  
Address: PO Box 555  
City/State/ZIP: Banks, OR. 97106  
Phone: (503) 324-5220 Fax: (503) 324-0883  
CCB lic.: 93298

Authorized  
signature:

Print name:	Date:
Terry Brown	06/18/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

23,898.00

Existing building area: square feet N/A

New building area: square feet N/A

Number of stories: N/A

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$337.83

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14